

2006 FOOD VENDORS PERMIT APPLICATION

CLASS: I II III IV Retail Seasonal Exempt FEE: _____
OUT OF DISTRICT _____ **WITHIN DISTRICT** _____

Name of Vendor _____ Phone# _____ E-Mail _____

Address _____ Fax# _____

Name of Vending Business _____ Phone _____

Legal Notice Address (if other than home location) _____

QFO (class III & IV only) _____ ***Enclose copy of QFO documentation**

VENDING INFORMATION

Description of product(s) to be sold _____

Vending location _____

Location where food product is prepared (must be a licensed foodservice facility) _____

Number of Vending Units _____ Type of Vending Unit(s) _____

Vending Vehicle(s) Registration# _____ Make _____ Model _____

Provide updated information if changes have been made; equipment, vehicles, change of designated QFO, change in classification, etc.

Prior to a change in ownership or location, a new application for licensure MUST be submitted. **LICENSES ARE NOT TRANSFERABLE.**

Any license issued pursuant to this application will be subject to applicable State and Ledge Light Health District food establishment regulations.

INCLUDE WITH YOUR COMPLETED APPLICATION: (1) application license fee, (2) latest quarterly food service inspection report, if food product is prepared other than at vending location, (3) copy of QFO documentation (class III & IV only) and (4) a copy of MENU

Make check payable to: Ledge Light Health District, P.O. Box 909, Groton, CT 06340 (there is a \$25 charge for all returned checks)

Applicant Signature Date Health District Signature Date

Office use only: Check# _____ Cash _____ Receipt# _____

License Prepared _____ Date Mailed _____