



Ledge Light Health District

943 North Road · Route 117
Post Office Box 909 · Groton, Connecticut 06340-0909
(860) 448-4882 / Fax (860) 448-4885

APPLICATION FOR TEMPORARY FOOD SERVICE PERMIT (14 day limit)

PROFIT \$50.00 _____ (or) NON-PROFIT \$25.00 & copy of certificate _____
NAME OF VENDOR: _____ PHONE# _____
HOME ADDRESS: _____
NAME OF VENDING BUSINESS: _____ PHONE# _____
BUSINESS ADDRESS (if other than home location) _____

VENDING INFORMATION

Name of EVENT & LOCATION: _____
Vending Dates and Times: _____
At what time will you be ready for inspection? _____
Description of product to be sold: _____
Location of where food product is prepared: _____

****Attach latest quarterly food service inspection report if food product is prepared other than at vending location****

Number of vending units: _____ Type of Vending unit(s): _____
Vending vehicle(s) registration #: _____ Make: _____ Model: _____
Make checks payable to: LEDGE LIGHT HEALTH DISTRICT

Applicant Signature Date Health District Signature Date

Office use only:

Fee Paid ___ Check# ___ or Cash ___ License prepared ___