TOWN OF MANCHESTER HEALTH DEPARTMENT
479 Main Street, P.O. Box 191, Manchester, CT 06045-0191
Phone Number: **(860) 647-3173**, Fax Number: **(860) 647-3188**

BASE OF OPERATION DECLARATION FORM FOR ITINERANT & TEMPORARY FOOD VENDORS

Note: This form is for itinerant & temporary food vendors utilizing a base kitchen for food preparation, ware washing and storage services.

Name of Vending Operation: _____

Name of Legal Owner: _____ Phone # of Vending Operation: _____

Mailing Address of Vending Operation: _____

Email Address of Owner: _____ Cell Phone: _____

The facility mentioned below at the following location is to be used as a base of operations to support the above itinerant food vending:

Name of Base Operation: _____

Name of Legal Owner of Base Operation: _____ Cell Phone Number: _____

Mailing Address of Base Operation:_____

Email of Legal Owner: _____ Emergency Cell Number: _____

Name and Number of Pest Control Operator: _____

This kitchen/facility will be used for the following: (check all that apply)

☐ Cooking or Reheating	☐ Cooling
☐ Cold Food Storage	☐ Hot Holding
☐ Dry Food/Supply Storage	☐ Ware Washing
☐ Cold Food Preparation	☐ Other: _____

Water supply of Base kitchen: ☐ Public ☐ Private Waste Disposal: ☐ Public ☐ Private
(The water supply must be from an approved public water supply or other approved source.)

PLEASE NOTE: The Base of Operation facility must be licensed or inspected by the Local Health Department/District and/or the Connecticut Department of Consumer Protection and/or Connecticut Department of Agriculture in order to support your food service operation.

- If this facility is licensed/inspected as a food service establishment by a Local Health Department/District, please attach a copy of their current license and most recent inspection report.
- If this facility is licensed/inspected as a food establishment or processing facility by the Connecticut Department of Consumer Protection or Department of Agriculture, please attach a copy of their current license and most recent inspection report.
- If your base of operation changes, you must notify Manchester Health Department.

***By signing this agreement, the Base of Operations owner acknowledges and accepts responsibility for all activities conducted at this facility and compliance with all applicable state and federal health codes*.**

Signature of Applicant: _____ **Date:** _____

Signature of Base Kitchen Operator: _____ **Date:** _____