



www.greenwichct.org

Town of Greenwich
Department of Health
Division of Environmental Services
(203) 622 – 7838

- New Operation
- Change of Ownership
- License Renewal

License Fee: _____

Food Vendor Application for License to Operate

Trade Name: _____
Owner of Vehicle: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____
Vendor's Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____
Name of QFO*: _____

*Attach Certificates of all Qualified Personnel

Truck (Make & Model)

Truck Van _____

Color: _____

Year: _____

Plate #: _____

OPERATING SEASON (CHECK ONE):

1. Year Round _____
2. Seasonal _____ From _____ Until _____

Hours of Operation: _____

Proposed Location*: _____

(Greenwich Police Department must approve of proposed location. Additional P&Z approval required for stationary vendors.)

***STATIONARY FOOD STANDS** require additional pre-approval from the Town of Greenwich Zoning Enforcement Division:

Zoning Enforcement Officer: _____ Approval Date: _____
Signature

I, the undersigned, hereby apply for a license to operate as an Itinerant Food Vendor in the Town of Greenwich. If granted, I hereby agree to give permission to the Greenwich Department of Health to inspect as often as deemed necessary and I will abide by all provisions of the State Regulations and local guidelines.

Name of Applicant: _____

Please Print

Signature: _____ Date: _____

(TURN OVER TO COMPLETE REVERSE SIDE IN FULL)

The Following Sections Must be Filled Out by All Vendors:

Complete Menu (Be specific on all items sold)

Food Storage Equipment (Hot and Cold)

Food Preparation (Describe)

List all utensils used on vehicle:

Handwashing Facilities (Describe)

Toilet Facilities (Describe location available to operator)

Briefly describe all floors, walls, ceilings, and counter surfaces (material and color):

ADDITIONAL LICENSE FROM THE SELECTMAN'S OFFICE IS REQUIRED