



# Town of Manchester

41 Center Street · P.O. Box 191  
Manchester, CT 06045-0191  
[www.manchesterct.gov](http://www.manchesterct.gov)

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Dear Prospective Itinerant Food Service Operator,

Thank you for your interest in operating an Itinerant Food Service Unit in Manchester, CT.  
Enclosed please find the following information:

1. Application for Itinerant food license.
2. Itinerant Food Questionnaire.
3. Qualified Food Operator training information.
4. Alternate Person In Charge Statement.

Not all information pertains to every class of Food Service Establishment. Please contact the Inspector assigned to your event for clarification of this information package.

Sincerely,

Town of Manchester Health Department







**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**

**APPLICATION FOR ITINERANT FOOD SERVICE LICENSE**

**Owner Name:** \_\_\_\_\_  
**Telephone#:** ( ) \_\_\_\_\_  
**Fax#:** ( ) \_\_\_\_\_  
**Cell Phone#:** ( ) \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Operator Name:** \_\_\_\_\_  
**Telephone#:** ( ) \_\_\_\_\_  
**Fax#:** ( ) \_\_\_\_\_  
**Cell Phone#:** ( ) \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Qualified Food Operator Required:** YES  NO   
**Name:** \_\_\_\_\_ **Certificate#:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

*Please submit latest copy of the Food Operator certificate to the office.*

**Name of Business/Unit:** \_\_\_\_\_  
**License Plate#** \_\_\_\_\_  
**Site Location:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Water Supply:** Public  Private Well   
**Wastewater Disposal:** Public  On-Site   
**Electricity Available:** YES  NO   
**If Other, Please Explain:** \_\_\_\_\_  
\_\_\_\_\_

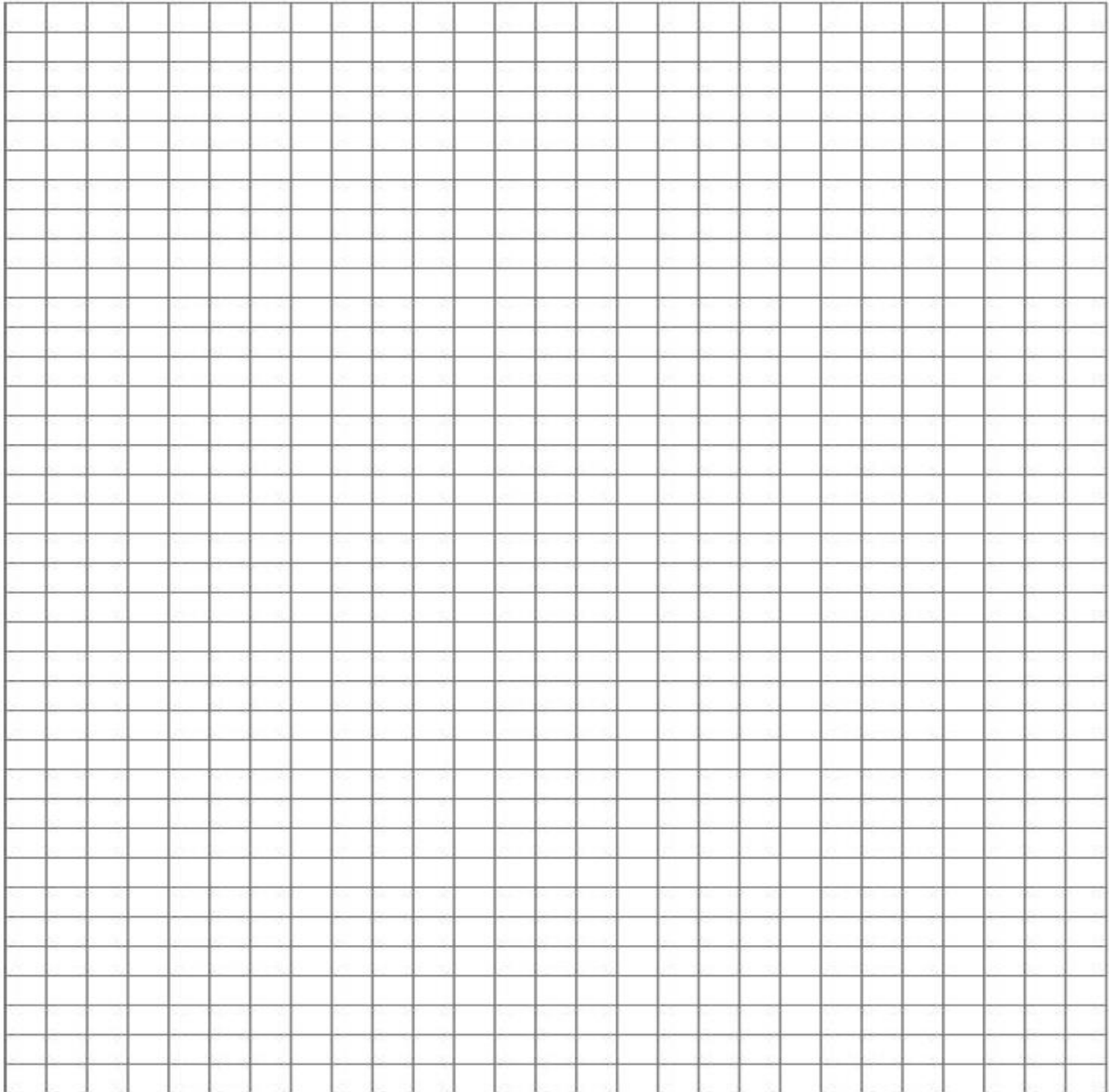
**Menu:** (Note\*\*Please list items in as much detail as possible, or a copy of a menu attached is applicable)

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that any false statements or other misrepresentations made on this application may result in immediate shutdown or revocation of my Food Service License for the Town of Manchester. **Please submit this complete registration form with a check payable to: *Town of Manchester*.** Food Service License will be issued after the Food Inspector has completed his/her inspection.

Applicant Name (Print):		
Applicant Signature:		Date:

**ATTACH A COPY OF YOUR MOBILE UNIT'S INTERIOR LAYOUT OR INCLUDE A DETAILED DRAWING OF THE INTERIOR OF YOUR MOBILE UNIT'S LAYOUT HERE:**



**Office Use Only**

Inspector Name (Print):		
Inspector Signature:		Date:
Food Class: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		Fee:
Food License#:		Expiration Date:
Check#:	Cash: <input type="checkbox"/>	Receipt#:
Fee Paid: \$		Date Received:

**TOWN OF MANCHESTER HEALTH DEPARTMENT**

479 Main Street, P.O. Box 191

Manchester, CT 06045-0191

**Phone Number:** (860) 647-3173

**ITINERANT VENDOR QUESTIONNAIRE**

Name of Establishment: \_\_\_\_\_

1. What foods will be prepared on and served out of the unit?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What is the source of the food to be dispensed? Provide the name and address of the food distribution facility.

\_\_\_\_\_  
\_\_\_\_\_

3. How will foods be kept hot or cold on the unit? What type of thermometer will be used? How will they be sanitized?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How and where will utensils, pans, etc. be cleaned at the end of the day? Be specific.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Describe the method of handwashing used at the unit.

\_\_\_\_\_

6. Describe how food will be protected. (Note: in large units where food is prepared inside, screening is required to prevent the entrance of insects).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. How are water tanks filled? Where is wastewater disposed?

\_\_\_\_\_

8. Where will excess food and paper products be stored?

\_\_\_\_\_  
\_\_\_\_\_

9. How will garbage be disposed on the unit and at the Base of Operations?

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE CONTACT THE TOWN OF MANCHESTER HEALTH DEPARTMENT AT LEAST 48 HOURS IN ADVANCE TO HAVE THE MOBILE VENDING UNIT INSPECTED PRIOR TO LICENSING OR RE-LICENSING.**





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

## **QUALIFIED FOOD OPERATOR DEMONSTRATED KNOWLEDGE STATEMENT**

**Pursuant to Public Health Code (PHC) Section: 19-13-B42(s)(6), 19-13-B48(j)(5), 19-13-B49(t)(5), in the absence of documentation that the Qualified Food Operator has passed a test administered by a testing organization approved by the department, a signed statement must be provided by the owner/operator of the food service, itinerant food vending or catering food service establishment (as applicable), attesting that the qualified food operator has demonstrated knowledge of food safety as specified below:**

**(A) ELEMENTS OF KNOWLEDGE**

- (i) IDENTIFY FOODBORNE ILLNESS – DEFINE TERMS ASSOCIATED WITH FOODBORNE ILLNESS; RECOGNIZE THE MAJOR MICROORGANISMS AND TOXINS THAT CAN CONTAMINATE FOOD AND THE PROBLEMS THAT CAN BE ASSOCIATED WITH THE CONTAMINATION; DEFINE AND RECOGNIZE POTENTIALLY HAZARDOUS FOODS; DEFINE AND RECOGNIZE ILLNESS THAT CAN BE ASSOCIATED WITH CHEMICAL AND PHYSICAL CONTAMINATION; DEFINE AND RECOGNIZE THE MAJOR CONTRIBUTING FACTORS FOR FOODBORNE ILLNESS; RECOGNIZE HOW MICROORGANISMS CAUSE FOODBORNE DISEASE.**
- (ii) IDENTIFY TIME/TEMPERATURE RELATIONSHIP WITH FOODBORNE ILLNESS-RECOGNIZE THE RELATIONSHIP BETWEEN TIME/TEMPERATURE AND MICROORGANISMS (SURVIVAL, GROWTH, AND TOXIN PRODUCTION); DESCRIBE THE USE OF THERMOMETERS IN MONITORING FOOD TEMPERATURES.**
- (iii) DESCRIBE THE RELATIONSHIP BETWEEN PERSONAL HYGIENE AND FOOD SAFETY- RECOGNIZE THE ASSOCIATION BETWEEN HAND CONTACT AND FOODBORNE ILLNESS; RECOGNIZE THE ASSOCIATION BETWEEN PERSONAL HABITS AND BEHAVIORS AND FOODBORNE ILLNESS; RECOGNIZE THE ASSOCIATION BETWEEN HEALTH OF A FOOD HANDLER AND FOODBORNE ILLNESS; RECOGNIZE HOW POLICIES, PROCEDURES AND MANAGEMENT CONTRIBUTE TO IMPROVED FOOD HYGIENE PRACTICES.**
- (iv) DESCRIBE METHODS FOR PREVENTING FOOD CONTAMINATION FROM PURCHASING TO SERVING-DEFINE TERMS ASSOCIATED WITH CONTAMINATION; IDENTIFY POTENTIAL HAZARDS PRIOR TO DELIVERY AND DURING DELIVERY; IDENTIFY POTENTIAL HAZARDS AND METHODS TO MINIMIZE OR ELIMINATE HAZARDS AFTER DELIVERY.**
- (v) IDENTIFY AND APPLY CORRECT PROCEDURES FOR CLEANING AND SANITIZING EQUIPMENT AND UTENSILS-DEFINE TERMS ASSOCIATED WITH CLEANING AND SANITIZING; APPLY PRINCIPLES OF CLEANING AND SANITIZING; IDENTIFY MATERIALS, EQUIPMENT, DETERGENT, SANITIZER; APPLY APPROPRIATE METHODS OF CLEANING AND SANITIZING; IDENTIFY FREQUENCY OF CLEANING AND SANITIZING.**
- (vi) RECOGNIZE PROBLEMS AND POTENTIAL SOLUTIONS ASSOCIATED WITH FACILITY, EQUIPMENT AND LAYOUT – IDENTIFY FACILITY, DESIGN, AND CONSTRUCTION SUITABLE FOR FOOD SERVICE ESTABLISHMENTS; IDENTIFY EQUIPMENT AND UTENSIL DESIGN AND LOCATION.**
- (vii) RECOGNIZE PROBLEMS AND POTENTIAL SOLUTIONS ASSOCIATED WITH, TEMPERATURE CONTROL, PREVENTING CROSS CONTAMINATION, HOUSEKEEPING AND MAINTENANCE- IMPLEMENT SELF INSPECTION PROGRAM; IMPLEMENT PEST CONTROL PROGRAM;**

IMPLEMENT CLEANING SCHEDULES AND PROCEDURES; IMPLEMENT EQUIPMENT AND FACILITY MAINTENANCE PROGRAM.

(B) DEMONSTRABLE ELEMENTS OF COMPETENCY

(i) ASSESS THE POTENTIAL FOR FOODBORNE ILLNESS IN A FOOD SERVICE ESTABLISHMENT-PERFORM OPERATIONAL FOOD SAFETY ASSESSMENT; RECOGNIZE AND DEVELOP STANDARDS, POLICIES AND PROCEDURES, SELECT AND TRAIN EMPLOYEES; IMPLEMENT SELF AUDIT/ INSPECTION PROGRAM; REVISE POLICY AND PROCEDURE (FEEDBACK LOOP); IMPLEMENT CRISIS MANAGEMENT PROGRAM.

(ii) ASSESS AND MANAGE THE PROCESS FLOW-IDENTIFY APPROVED SOURCE; IMPLEMENT AND MAINTAIN A RECEIVING PROGRAM; IMPLEMENT AND MAINTAIN STORAGE PROCEDURES; IMPLEMENT AND MAINTAIN PREPARATION PROCEDURES; IMPLEMENT AND MAINTAIN HOLDING/SERVICE/DISPLAY PROCEDURES; IMPLEMENT AND MAINTAIN COOLING AND POST PREPARATION STORAGE PROCEDURES; IMPLEMENT AND MAINTAIN RE-SERVICE PROCEDURES; IMPLEMENT AND MAINTAIN TRANSPORTATION PROCEDURES.



**QUALIFIED FOOD OPERATOR  
DEMONSTRATED KNOWLEDGE STATEMENT**

I \_\_\_\_\_ attest that \_\_\_\_\_  
(Print name of Owner or Operator) (Print name of Qualified Food Operator)

is employed in a full-time supervisory position and has demonstrated to me the elements of knowledge and demonstrable elements of competency as described in A and B, as listed above.

Signature and Title \_\_\_\_\_ Date \_\_\_\_\_  
(Signed by Owner/Operator of the Establishment)

Signature and Title \_\_\_\_\_ Date \_\_\_\_\_  
(Signed by Qualified Food Operator)

Name of Establishment \_\_\_\_\_

Address of Establishment \_\_\_\_\_  
\_\_\_\_\_



## **ALTERNATE PERSON IN CHARGE DEMONSTRATED KNOWLEDGE STATEMENT**

**Pursuant to Public Health Code (PHC) Section: 19-13-B42(s)(8)(B) and 19-13-B49(t)(7)(B), the owner or manager of the food service/catering food service establishment shall designate an alternate person who has demonstrated the elements of knowledge and competency listed below, as per PHC Section 19-13-B42(s)(6), 19-13-B49(t)(5), to be in charge at all times when the qualified food operator cannot be present.**

The alternate person in charge shall be responsible for ensuring that all employees comply with the regulations and that foods are safely prepared; handling emergencies; admitting the inspector; and receiving and signing the inspection report.

A signed statement must be provided by the owner/operator of the food service or catering food service establishment (as applicable), attesting that the alternate person in charge has demonstrated knowledge of food safety as specified below:

### **A. Elements of Knowledge**

- (i) Identify foodborne illness – define terms associated with foodborne illness; recognize the major microorganisms and toxins that can contaminate food and the problems that can be associated with the contamination; define and recognize potentially hazardous foods; define and recognize illness that can be associated with chemical and physical contamination; define and recognize the major contributing factors for foodborne illness; recognize how microorganisms cause foodborne disease.
- (ii) Identify time/temperature relationship with foodborne illness – recognize the relationship between time/temperature and microorganisms (survival, growth and toxin production); describe the use of thermometers in monitoring food temperatures.
- (iii) Describe the relationship between personal hygiene and food safety – recognize the association hand contact and foodborne illness; recognize the association between personal habits and behaviors and foodborne illness; recognize the association between health of a food handler and foodborne illness; recognize how policies, procedures and management contribute to improved food hygiene practices.
- (iv) Describe methods for preventing food contamination from purchasing to serving – define terms associated with contamination; identify potential hazards prior to delivery and during delivery; identify potential hazards and methods to minimize or eliminate hazards after delivery.
- (v) Identify and apply correct procedures for cleaning and sanitizing equipment and utensils – define terms associated with cleaning and sanitizing; apply principles of cleaning and sanitizing; identify materials, equipment, detergent, sanitizer; apply appropriate methods of cleaning and sanitizing; identify frequency of cleaning and sanitizing.
- (vi) Recognize problems and potential solutions associated with facility, equipment, and layout – identify facility, design and construction suitable for food service establishments; identify equipment and utensil design and location.
- (vii) Recognize problems and potential solutions associated with, temperature control, preventing cross contamination, housekeeping and maintenance – implement self inspection program; implement pest control program; implement cleaning schedules and procedures; implement equipment and facility maintenance program.
- (viii) Identify and recognize the foods most commonly associated with food allergies.

B. Demonstrable elements of competency

- (i) Assess the potential for foodborne illness in a food service establishment – perform operational food safety assessment; recognize and develop standards, policies and procedures, select and train employees; implement self audit/inspection program; revise policy and procedure (feedback loop); implement crisis management program.
- (ii) Assess and manage the process flow – identify approved source; implement and maintain a receiving program; implement and maintain storage procedures; implement and maintain preparation procedures; implement and maintain holding/service/display procedures; implement and maintain cooling and post preparation storage procedures; implement and maintain re-service procedures; implement and maintain transportation procedures.



I \_\_\_\_\_ attest that \_\_\_\_\_  
(Print Name of Owner or Operator) (Print Name of Alternate Person in Charge)

is employed as the alternate person in charge and has demonstrated to me the elements of knowledge and demonstrable elements of competency as described in A and B, as listed above.

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signed by Owner/Operator of the Establishment)

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signed by Alternate Person in Charge)

Name of Establishment: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_  
\_\_\_\_\_



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LOUIS A. SPADACCINI, MAYOR  
MATTHEW B. PEAK, DEPUTY MAYOR  
CHERI A. PELLETIER, SECRETARY

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JOHN D. TOPPING  
MARK D. TWEEDIE  
KEVIN L. ZINGLER

**DATE:**

**TO: Town of Manchester Police Department**

**FROM: Town of Manchester Health Department**

**RE: Inspection of Mobile Food Vending Equipment**

An inspection was conducted on \_\_\_\_\_ of  
the equipment described below and owned by:

The equipment was found to be in compliance with the Public Health Code regulations for itinerant food vending.

**DESCRIPTION OF EQUIPMENT:**

**LICENSE PLATE#:**

**SIGN:**

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Manchester Health Inspector



