

TOWN OF DURHAM

Department of Health
P.O. Box 428
Durham, Connecticut 06422-0428
860-349-8253, fax: 860-349-0284
www.townofdurhamct.org

APPLICATION FOR TEMPORARY EVENT FOOD OR BEVERAGE DISPENSING REGISTRATION

Name of Food Service Operation: _____

Base Location of Operation: _____

Telephone at Base: _____

Fax at Base: _____

E-mail: _____

Web Address: _____

Owner of Food Service Operation: _____

Address: _____

Telephone/cell phone: _____

E-mail: _____

Names, Addresses, Phone #'s of Food Service Operators:

Event/Location within Durham: _____

Dates and Times of Operation: _____

List of Foods and Beverages to be Dispensed:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have reviewed and understood the Durham Health Department's Food and Beverage Dispensing Requirements.

Signature of owner/operator: _____ Date: _____

Registration Fee: \$ 50.00 payable to Town of Durham Received Payment: _____