## NORWALK HEALTH DEPARTMENT 137 EAST AVENUE NORWALK, CT 06851 (203) 854-7821

## APPLICATION FOR TEMPORARY FOOD SERVICE LICENSE FOR THE DAYS \_\_\_\_\_

<u>Booth</u>

NAME OF BOOTH:

NAME OF EVENT:

ADDRESS OF EVENT:

DATE OF EVENT:

## **OPERATOR OF BOOTH**

NAME:

ADDRESS:

CITY, STATE, ZIP:

HOME PHONE:

FEE	* * *	Pay	this	Amount	* * *	\$95.00
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SUBMITTED BY: \_\_\_\_\_ Owner

\_\_\_\_\_ Manager

Signature: \_\_\_\_\_

NOTE:

MAKE CHECK PAYABLE TO THE NORWALK DEPARTMENT OF HEALTH

FOR OFFICE USE ONLY:				
RECEIVED BY:	DATE:			
CHECK NUMBER:	RECEIPT NUMBER:			