



Mohegan Tribal Health Department

13 Crow Hill Road

Uncasville, CT 06382

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TEMPORARY FOOD SERVICE APPLICATION

Application must be received no later than 10 business days prior to the event.

Business Name: (to appear on permit) _____

Business Address: _____ Phone: _____

Event Name: _____ Date/Time: _____

Location of the event on the Reservation: _____

Please PRINT name, email address and phone number of primary contact person for food safety at event.

Name

Phone/Cell Phone

E-mail Address

Please provide a copy of your permit/license to serve food from your local jurisdiction and/or a copy of an accredited food safety training certificate.

1. List all items on the proposed menu. (attach menu if necessary)
2. Where will food and ingredients be purchased and how will they be transported to the site?
3. At what other locations will food be stored and/or prepared?
4. How will food items be kept cold? (at or below 41°F)
5. How will food items be cooked?
6. What is the minimum cooking temperature of the raw animal foods on the proposed menu?
7. How will hot food items be kept hot? (at or above 135° F)

8. Will any foods be cooked ahead and cooled?
9. Do you under-cook any raw animal foods, such as a medium rare hamburger?
10. How will food be protected from contamination during preparation, display or service?
11. Describe the type of hand washing available in the area of preparation.
(Sanitizer is not a substitute for hand washing)
12. Indicate the water source that will be used for cooking, cleaning and hand washing.
13. How will food equipment and utensils be cleaned and sanitized?
14. What happens to waste water from washing and rinsing activities?
15. How will condiments and single service items be stored and/or dispensed?
16. Location of closest toilet facility:

The Mohegan Tribal Health Department reserves the right to limit the menu based on the skill and/or training level of the applicant.

Applicant Signature: _____ Date: _____

Comments: _____

REVIEWED/APPROVED: _____ Date: _____
 Director of Health or Registered Sanitarian