



Town of Darien

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APPLICATION FOR ITINERANT FOOD SERVICE PERMIT 2015

NAME OF COMPANY _____

Mailing Address _____

Provide the address where food is being prepared _____

- **NOTE: Copies of Permit or Food Preparation License from the jurisdiction where food is being prepared must be provided with the completed application & fee.**

OWNER / APPLICANT INFORMATION

NAME _____

Mailing Address _____

Phone # _____ Email: _____

Please provide vehicle information for each truck:

MODEL AND MAKE OF VEHICLE	LICENSE PLATE NUMBER	<i>Health Dept. ONLY</i> <i>Date of Inspection</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

If more trucks are being utilized, please list on the back of this form. Please note that only one fee is being assessed per vendor, regardless of the number of trucks providing food. Arrangements for inspection of all vehicles must be made with this office prior to the issuance of any Permits to serve food in Darien.

- *Certification: I hereby certify that all information provided is correct and that I will ensure all trucks will be inspected and permitted.*

Signature of applicant _____ **Date:** _____

FOR OFFICE USE ONLY

Date Complete Application Received: _____ Dates Permit Issued: _____