



**Mashantucket Pequot Tribal Nation**  
*Food Safety & Sanitation*  
P.O. Box 3202  
Mashantucket, CT 06338-3202  
Phone: 860-312-3039 Fax: 860-312-3530

## Temporary Food Event (TFE) Application

### General Information:

Applicant Name:

Vendor Name:

Applicant Address:

Telephone Number:

Email:

Name of Event:

Location of Event:

### Event Schedule:

Date	Day of week	Hours of Operation			
		Open	(AM/PM)	Close	(AM/PM)

Date and Time TFE will be set up and ready for inspection:

List all food and beverage items to be prepared and served, or attach a copy of your menu to this form.

Will all foods be prepared at the TFE:

Yes = complete Attachment A

No\* = complete Attachment B

**\* If No, the operator MUST provide a copy of the current license for the permanent food establishment where food will be prepared**

Describe, and be specific, how frozen & cold food will be transported to the Temporary Food Establishment:



Temporary Food Event (TFE)  
Application  
Page 2

Describe, and be specific, how hot food will be transported to the Temporary Food Establishment:

Describe, and be specific, how food temperatures will be monitored during the event:

Describe where and how utensil washing will take place:

Describe where and how wastewater will be collected, stored and disposed:

Applicants must provide **Attachment C** - the anticipated schedule for all foodservice employees (paid and volunteer) who will work in your Temporary Foodservice Establishment.

**Requirements:**

- **A handwashing station must be available during the entire event. Please refer to the Guidelines for proper set up.**
- **If food is not prepared at the TFE site then provide a copy of the current license for the permanent food establishment**
- **All foods must be thoroughly cooked except for shellfish. All tags must be saved for 90 days.**
- **No home cooking or preparation allowed.**
- **Employees with communicable diseases which can be transmitted through food or who are experiencing vomiting and/or diarrhea must be excluded from food activities. Food workers shall not have any open cuts or sores.**

I certify that I have received and have read the [Guidelines for Food Service at Temporary Events](#) and that the above described event will be operated and maintained in accordance with these Guidelines.

Applicant Signature:

Date:







**Temporary Food Event (TFE)  
Application**

**ATTACHMENT C  
*Employee Schedule***

**Event:**

**Vendor:**

Date	Name	Email	Phone	Shift	
				Start Time	End Time