



TOWN OF LITCHFIELD



Food Vendor Trucks/Vehicles Permit Application

Permit number _____

Date Permit Issued _____
(Permits are valid for 1 year after issue date)

Name

Business/Organization (Include name as Registered with the Connecticut Secretary of the State and all applicable d/b/a names)

Address Street City State Zip Code

Home Phone Cell Phone E-Mail Address

Please Attach the Following:

- ◇ Vendor's CT Sales and Use Tax Permit
- ◇ Applicable Health Department Licenses and approval
- ◇ Litchfield Fire Marshal's Approved Inspection Certificate (Call 860-567-7568 or email firemarshal@townoflitchfield.org)
- ◇ \$120.00 fee paid
- ◇ Whether exempt from fee – CT Resident for 2 years and a Veteran (DD-214 provided)
- ◇ Proof of up-to-date CT Secretary of the State Registration of your business/entity
- ◇ If applicable, proof of permission of the owner of any property on which the food truck will operate.
- ◇ Proof that any applicable vehicle registration and insurance are valid and up to date.

Applicant Trash & Recycling disposal plan:

Location(s) where Food Vendor Truck/Vehicle will operate AND Date(s) & Hours of Operation:

Permit Issued by: _____ Date: _____ Method of Payment: _____



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Location must be reasonably ascertainable: for example, an address or description of location.
Property owner's permission must be obtained.

If events are unknown upon permit issuance you must email the First Selectman at least 24 hours prior to the event. You may send an email to 1stselectman@townoflitchfield.org or call 860-567-7550

(Initials) I acknowledge that Food/Vendor Truck may NOT operate within the Borough of Litchfield OR the Borough of Bantam without the expressed written permission of the entity.

I acknowledge that operations must occur between the hours 8:00 am-10:00 pm only

Permits issued for specific events on private property, regardless of whether residential or commercial, can only be used for specific events of no more than 3 days in duration, and no more than three such events can take place in one year.

By signing below, I acknowledge that my permit and application information will be kept on a publicly available list in the First Selectman's Office.

By signing below, I acknowledge that violation of the Town of Litchfield Food Truck Ordinance carries a fine of \$150 per offense, and the Town may have other remedies for violations, including but not limited to revocation of my permit, available to it.

By signing below, I acknowledge that my food truck is registered and insured for operation on public roads, and that the driver(s) of said truck is licensed to drive the vehicle.

By signing below, I acknowledge and consent to all applicable inspections under the Connecticut General Statutes and the Town of Litchfield Food Truck Ordinance, including but not limited to inspection by the Litchfield Fire Marshal.

By signing below, I acknowledge a continuing duty to inform the First Selectman's Office of any changes to the foregoing information. I agree that I must inform the First Selectman's Office of any change(s) to that information as soon as possible.

By signing below, I acknowledge that I have read and understand the policies stated above, and agree to abide by all terms of the Town of Litchfield Food Truck/Vendor Permit.

Signature: _____ **Date:** _____

Permit Issued by: _____ Date: _____ Method of Payment: _____