

# TOWN OF DURHAM

Department of Health  
P.O. Box 428  
Durham, Connecticut 06422-0428  
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[www.townofdurhamct.org](http://www.townofdurhamct.org)

## APPLICATION FOR DURHAM FAIR FOOD OR BEVERAGE DISPENSING VENDOR REGISTRATION

Name of Food Service Operation: \_\_\_\_\_

Base Location of Operation: \_\_\_\_\_

Telephone at Base: \_\_\_\_\_

Fax at Base: \_\_\_\_\_

E-mail: \_\_\_\_\_

Web Address: \_\_\_\_\_

Owner of Food Service Operation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Names, Addresses, Phone #'s of Food Service Operators:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### List of Foods and Beverages to be Dispensed:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have reviewed and understood the Durham Health Department's Food and Beverage Dispensing Requirements.

Signature of owner/operator: \_\_\_\_\_ Date: \_\_\_\_\_