

## **Town of Glastonbury**

RIVERFRONT COMMUNITY CENTER APPROVED CATERER APPLICATION 2024

APPLICATIONS WILL NOT BE ACCEPTED LESS THAN 30 DAYS BEFORE THE EVENT.

APPLICANT INFORMATION				
	Approved Caterers List _	Approved Alcoholic Bevo	erage Provider List _	Both Lists
Catering Company:				
Applicant Name:		Telephor	Telephone #:	
Address:	Address:			
Date of Application: Email Address:		Email Address:		
Instructions: Please check each bullet below as it applies to you				
<ul> <li>□ I AGREE TO COMPLY WITH ALL OF THE TERMS OF THE TOWN'S BUILDING USE AND APPROVED FOOD/ALCOHOL CATERERS POLICIES AND PROCEDURES. I UNDERSTAND THAT MY FAILURE TO MEET THESE OBLIGATIONS COULD LEAD TO DEDUCTION/LOSS OF MY SECURITY DEPOSIT AND/OR REMOVAL FROM THE APPROVED CATERERS LIST.</li> <li>□ I HAVE ALL APPROPRIATE LICENSES AND PERMITS TO PROVIDE THESE SERVICES. FOOD SERVICE PROVIDERS MUST HAVE A CATERER'S FOOD SERVICE LICENSE AND PROOF OF INSPECTIONS. AN ALCOHOLIC BEVERAGE PROVIDER MUST HAVE A CATERER'S STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION LIQUOR PERMIT. Copies of licenses/permits and most recent health department inspection report must be attached.</li> </ul>				
☐ I HAVE AND WILL MAINTAIN THE APPROPRIATE LEVEL OF INSURANCE TO COVER MY SERVICES AT EVENTS WHICH I AM CATERING. REFER TO FOOD/ALCOHOL CATERERS POLICIES FOR REQUIREMENTS. Certificate must be attached.				
☐ I AGREE TO STAFF A CERTIFIED FOOD PROTECTION MANAGER FOR THE DURATION OF EACH EVENT WHICH I AM CATERING. <i>Certification must be attached.</i>				
☐ I AGREE TO STAFF A SERVER WHO IS LICENSED WITH THE STATE OF CONNECTICUT TO SERVE ALCOHOL FOR THE DURATION OF EACH EVENT WHICH I AM CATERING.				
I AGREE TO PAY THE \$300 ANNUAL CATERER FEE AND \$500 REFUNDABLE SECURITY DEPOSIT AT THE TIME OF APPROVAL. DEPOSIT REMAINS ON FILE AS LONG AS THE CATERER REMAINS ON THE LIST. ADDITIONAL \$100 FEE FOR APPLICATIONS THAT ARE NOT SUBMITTED IN THEIR ENTIRETY WITHIN 60 DAYS OF THE EVENT.				
SIGNATURE OF APPLICANT			PRINT NAME	
DO NOT WRITE BELOW THIS LINE				
Hoalth Divasta	's Signature		☐ Approved	☐ Denied
Health Director's Signature D		Date		

**Remarks & Stipulations:**