



**TOWN OF SOUTH WINDSOR HEALTH DEPARTMENT**  
1540 Sullivan Ave., South Windsor, CT 06074 – Mailing Address  
1530 Sullivan Ave., South Windsor, CT 06074 – Office Address  
Phone Number: **(860) 337-6173**, Fax Number: **(860) 644-1930**

**DECLARATION OF BASE OF OPERATION**

This form must be submitted with your application for permit.

Mobile Vendor Business Name: \_\_\_\_\_

Mobile Vendor Owner/Operator Name: \_\_\_\_\_

Business Name of Base Of Op.: \_\_\_\_\_

Address of Base Of Op.: \_\_\_\_\_

Owner of Business for Base Of Op.: \_\_\_\_\_

Telephone Number of Base Of Op.: \_\_\_\_\_

**THE FOLLOWING PORTION TO BE FILLED OUT BY THE OWNER OF THE FOOD ESTABLISHMENT USED AS THE BASE OF OPERATION.**

I, \_\_\_\_\_ attest that my licensed food establishment  
Owner of Food Establishment used as base

known as \_\_\_\_\_ is available as the  
Name of Food Establishment

base of operations for \_\_\_\_\_ owned by  
Name of Mobile Vendor Business

\_\_\_\_\_  
Owner of Mobile Vendor Business

\_\_\_\_\_  
Signature of Owner of Food Establishment

**\*\*Please include a copy of the Base of Operation food permit issued by the local health department.\*\***