



FOOD SERVICE LICENSE APPLICATION

Seasonal (6 months or less)
 Full Year (12 Months)

Renewal
 Change of Ownership *
 New Business *
 Other _____

*Prior to a change in ownership or location, a new application for licensure **MUST** be submitted.
LICENSES ARE NOT TRANSFERABLE. Prior Fees paid are non-refundable.

Name of Establishment: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone No.: _____ 24 hr Emergency Contact Phone No: _____

Fax No.: _____ E-mail: _____

Mailing Address, if different:

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Legal Owner's Name: _____

Legal Owner's Address: _____ City: _____ State: _____ Zip Code: _____

Phone No.: _____ 24 hr Emergency Contact Phone No.: _____

Fax No.: _____ E-mail: _____

TYPE OF ESTABLISHMENT

- Café
- Campground
- Catering (off premises)
- Convenience Store
- Facility
 - Daycare
 - Group Home
 - Hospital
 - Nursing Home
- Fast Food
- Full Service Restaurant
- Itinerant Vendor
- Take-out Only
- Retail w/sale cold food
- Other _____

Water Supply

- Public Water
 - Well Water
- Latest water test within 3 months:

 (please attach copy)

Note: The CT State Dept. of Public Health—Water supplies section regulates well water supplies for food service operations. Compliance with requirements is required prior to issuance of a Food Service License.

Sewage Disposal

- Public Sewers
 - Septic System
- Last date pumped:

 (within 5 years)
- _____
- (please attach receipt copy)

Grease Disposal

- Indoor Grease Trap
 - In-Ground Grease Trap
 - Grease Rendering Container
- Last date pumped:

- _____
- (please attach receipt copy)

Days/Hours of Operation

Sunday _____ to _____

Monday _____ to _____

Tuesday _____ to _____

Wednesday _____ to _____

Thursday _____ to _____

Friday _____ to _____

Saturday _____ to _____

For Seasonal Only

Please indicate when establishment opens/closes for the year

Opens: _____

Closes: _____

MEALS SERVED (check all that apply)
 Breakfast
 Lunch
 Dinner

SEATING CAPACITY: _____

LOCATION FOOD SERVED (ITINERANT VENDORS ONLY):

Has your establishment been remodeled recently? Yes No If Yes, remodeling date: _____

PLEASE CHECK APPROPRIATE MENU CLASSIFICATION: (please refer to attached sheet):

CLASS 1

CLASS 2

CLASS 3

CLASS 4

***All Class 2, 3 & Class 4 establishments must have a Qualified Food Operator (QFO) in a full time, supervisory position. The certification must be from a state approved testing agency for Connecticut and a copy of the certificate must be submitted with this application.**

Name of Qualified Food Operator: _____

Type of certification: ServSafe
 Prometric (formerly Thomson Prometric, Experior Assessments, National Assessment Institute, Chauncey, and Educational Testing Service)
 Nat'l Registry of Food Safety Prof. Inc.
 360 training.com (Learn2Serve Food Protection Manager Certification Exam)
 Certifying Board for Dietary Managers *
*Please Note: Not currently approved, but certificates obtained prior to 2003 are acceptable

Position: _____ Hours Worked per Week: _____

Name of Person In Charge: _____

Type of certification: ServSafe
 Prometric (formerly Thomson Prometric, Experior Assessments, National Assessment Institute, Chauncey, and Educational Testing Service)
 Nat'l Registry of Food Safety Prof. Inc.
 360 training.com (Learn2Serve Food Protection Manager Certification Exam)
 Certifying Board for Dietary Managers *
*Please Note: Not currently approved, but certificates obtained prior to 2003 are acceptable

Position: _____ Hours Worked per Week: _____

Any incomplete information will delay the licensing procedure. It is your responsibility to contact this office if any information listed on this application changes during the year.

Applicant's Signature

Date

Office Use Only

Classification: _____ Fee Paid: _____ Receipt Number: _____ Cash: _____ Check No.: _____

M/C: _____ Visa: _____

QFO Requirement Met: Yes No N/A Designated Alt Requirement Met: Yes No N/A

Water Test: Received Approved N/A VOC's

Menu Attached: Yes No

Final Approval: _____ Permit Number: _____ Date Issued: _____