



FOOD SERVICE LICENSE APPLICATION

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

Renewal
 Change of Ownership
 New Business
 Other _____

Name of Establishment: _____

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

Phone No.: _____ Emergency/Night Phone No.: _____

Fax No.: _____ E-mail: _____

Mailing Address, if different:

Name: _____

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

Owner's Name: _____

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

Phone No.: _____ Emergency/Night 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
- Other _____

CHECK APPROPRIATE INFORMATION FOR THE THREE CATEGORIES BELOW

<p>1.) Water Supply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Public Water <input type="checkbox"/> Well Water <p>Latest water test within 3 months: _____</p> <p style="text-align: center;">(please attach copy)</p>	<p>2.) Sewage Disposal</p> <ul style="list-style-type: none"> <input type="checkbox"/> Public Sewers <input type="checkbox"/> Septic System <p>Latest date pumped within 5 years: _____</p>	<p>3.) Grease Disposal</p> <ul style="list-style-type: none"> <input type="checkbox"/> Indoor Grease Trap <input type="checkbox"/> In-Ground Grease Trap <ul style="list-style-type: none"> <input type="checkbox"/> Grease Rendering Container <input type="checkbox"/> Size _____ <p>Latest date pumped: _____</p> <p style="text-align: center;">(please attach receipt copy)</p>
<p><i>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.</i></p>		

Anticipated opening / close date **(for seasonal only)**: _____

Days and Hours of Operation: _____

Location where food served (**itinerant vendors only**): _____

Liquor License Number: _____ Consumer Protection Number: _____

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

Seating Capacity: _____ Number of Persons served daily: _____

PLEASE CHECK APPROPRIATE MENU CLASSIFICATION:

- CLASS 1 – Commercially prepackaged foods and/or hot/cold beverages only.
- CLASS 2 – Cold, ready to eat commercially processed food and/or hot/cold beverages.
- CLASS 3 – Preparation of hot food items that are consumed within 4 hours. *
- CLASS 4 – Preparation of hot food items that are held for more than 4 hours. *

***All Class 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. A designated Alternate Person In Charge must also be listed (**Please note: more than one designated alternate person can be assigned**). The accompanying form must be signed, a copy kept at the establishment and the original submitted with this application.**

Name of Qualified Food Operator: _____

Type of certification: ServSafe Certifying Board for Dietary Managers
 Thomson Prometric Nat'l Registry of Food Safety Prof. Inc.

Position: _____ Hours Worked per Week: _____

Name of Designated Alternate Person In Charge: _____

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: _____