

**EAST SHORE DISTRICT HEALTH DEPARTMENT**

14 Business Park Drive, Branford, CT 06405

Telephone: (203) 481-4233

**FOOD SERVICE APPLICATION**

**NOTE: \*\*\*Late fee assessed at \$15.00 PER DAY for late payment of license renewal fee.**

Name of Establishment: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of Establishment: \_\_\_\_\_

Address Application & License should be sent to: \_\_\_\_\_

Owner/Operator(s) of Establishment: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_

On-Site Operator/Manager's Name (if different from above) \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_

**Type of Food Service Establishment:**

Restaurant: \_\_\_\_\_ Caterer: \_\_\_\_\_ Retail Store: \_\_\_\_\_ Bar/Cafe: \_\_\_\_\_

School: \_\_\_\_\_ Day Care: \_\_\_\_\_ Church: \_\_\_\_\_ Rest Home: \_\_\_\_\_ Other: \_\_\_\_\_

Do you offer catering off-site with set-up/service? Yes \_\_\_\_\_ No \_\_\_\_\_

*\*Please note that catering requires a license endorsement*

Seating Capacity: \_\_\_\_\_ Retail Store: \_\_\_\_\_ Sq. Ft.

Hours and Days of Operation: \_\_\_\_\_

Classification of Food Establishment: Class 1: \_\_\_\_\_ Class 2: \_\_\_\_\_ Class 3: \_\_\_\_\_ Class 4: \_\_\_\_\_

(This is on your renewal notice letter)

Name of Qualified Food Operator (Class 3 and Class 4 Only): \_\_\_\_\_

**(Note: QFO/alternate QFO must sign back of this application)**

Name of Alternate QFO: \_\_\_\_\_ (required for Class 3 & 4 establishments)

# of Food Preparation Personnel: \_\_\_\_\_

Type of Water Supply *\*\*If water supply is a well, include most recent water analysis*

*\*NOTE: For all new establishments, water system registration form must be completed.*

Public \_\_\_\_\_ Private Well \_\_\_\_\_

Type of Sewage Disposal *\*\*If on sewage disposal system, include record of most recent septic tank pumping*

Public \_\_\_\_\_ On-site Septic System \_\_\_\_\_

**-OVER-**

I certify that I am the owner of the food service establishment or the owner's legal representative. I understand that prior to a change in ownership or in business name a new application for permit must be forwarded to the Health District (**Licenses are not transferable**).

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*Health Alert Network – To receive health alert notifications, please provide**

fax number(\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

**NOTICE: FEE FOR SECOND REINSPECTION**

In the event a second reinspection is necessary to verify the correction of health code violations, a reinspection fee, equal to one-half of the annual license fee, will be charged. All fees must be paid prior to reissuance of the food service license. (Section 12, ESDHD Food Service Regulations)

**VERIFICATION OF Q.F.O. TRAINING**

I certify that, as the Q.F.O for the above named food establishment, I have trained all food preparation personnel in the areas of factors contributing to foodborne illness: food time/temperature control, food protection, personal health and cleanliness, sanitation of the facility, equipment, supplies and utensils. I further certify that written documentation of this training is available to the local Health Director upon request.

SIGNED: \_\_\_\_\_  
Q.F.O. \_\_\_\_\_ Date \_\_\_\_\_

SIGNED: \_\_\_\_\_  
ALTERNATE Q.F.O. \_\_\_\_\_ Date \_\_\_\_\_

**\*\*For all new food service establishments (FSE's), or **establishments with new owners**, the following departments must sign this application prior to licensing your establishment:**

Zoning Department: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Building Department: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

- At the time of inspection, no code violations were identified. Food operator's license recommended.
- At the time of inspection, conditions were discovered to be contrary to the minimum code requirements. An acceptable plan of correction was submitted. Food operator's license recommended.
- At the time of inspection, conditions were discovered to be contrary to minimum code requirements. No approved plan of correction was submitted. Annual food operator's license not recommended.

Fire Department: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

- At the time of inspection, no code violations were identified. Food operator's license recommended.
- At the time of inspection, conditions were discovered to be contrary to the minimum code requirements. An acceptable plan of correction was submitted. Food operator's license recommended.
- At the time of inspection, conditions were discovered to be contrary to minimum code requirements. No approved plan of correction was submitted. Annual food operator's license not recommended.

For All Class III and IV FSE's on public sanitary sewer, ANY new, renovated, or change of ownership establishment must have this application signed by the WPCA designee.

\*PLEASE NOTE: All Existing class III and IV establishments must receive this signature prior to July 1, 2011.

WPCA Designee: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

ESDHD \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_