

EAST SHORE DISTRICT HEALTH DEPARTMENT

14 Business Park Drive, Branford, CT 06405

Telephone: (203) 481-4233

FOOD SERVICE APPLICATION

Plan Review Fee: _____

Application Fee: _____

License Fee: _____

Total Paid: _____

NOTE: *Late fee assessed at 50% of license fee 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: _____

Itinerant Vendor: _____ License Plate #: _____

Does your establishment offer catered foods *for pick-up only*? Yes _____ No _____

Do you offer catering off-site? Yes _____ No _____

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 _____

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 _____