

EAST SHORE DISTRICT HEALTH DEPARTMENT
688 East Main Street (Orchard Research Park), Branford, CT 06405
Telephone: (203) 481-4233 Fax: (203) 483-6894
www.esdhd.org

FOOD SERVICE APPLICATION

NOTE: *Late fee assessed at \$15.00 PER DAY for late payment of license renewal and change in ownership.
All Payments Are Final - NO Refunds**

Name of Establishment: _____ Phone: _____

Fax: _____ Email: _____

Location of Establishment: _____

Address Application & License should be sent to: _____

Owner 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: _____

Hours and Days of Operation: _____

Seasonal Establishment closed and open dates: _____

Classification of Food Establishment: Class 1: _____ Class 2: _____ Class 3: _____ Class 4: _____

(This is on your renewal notice letter)

Name of Certified Food Protection Manager (Class 2, 3 and 4 Only): _____

(Note: CFPM must sign back of this application)

Name of Alternate CFPM: _____ (required for Class 2, 3 & 4 establishments)

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 _____

<u>Included with your Application:</u> ____ Payment (ESDHD) ____ Copy of Menu ____ Copy of CFPM documentation ____ Copy of Alternate Form ____ Well water analysis ____ Septic pump out /grease

-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:** _____

NOTICE: FEE FOR FAILED AND SECOND REINSPECTION

In the event of a failed inspection, there will be a fee. If 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 C.F.P.M TRAINING

I certify that, as the CFPM 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: _____ **Date** _____
CFPM

The Town of Branford Fire Marshall is requesting an annual inspection of all existing Branford FSE's prior to ESDHD license renewal. Please Call the Fire Marshall Office at 203-488-7266 to schedule an appointment.

****For all new/ renovated 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. **Class II FSE's may be subject to WPCA requirements.**

WPCA Designee: _____
Signature Date

ESDHD _____
Signature Date