



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*: _____

+ E-mail must be current to receive important notifications

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*: _____

+ E-mail must be current to receive important notifications

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 _____

Check all that are applicable

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 3 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: _____
MEALS PER DAY: _____

LOCATION FOOD SERVED (ITINERANT VENDORS ONLY):

Regular Menu(s) Enclosed? Do you make 'Specialty' Menus? Yes No If Yes, enclose copies.

Has your establishment been remodeled recently? Yes No

If Yes, remodeling date _____ and provide a copy of current floor plan

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 Certified Food Protection Manager (CFPM) formerly known as 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 Certified Food Protection Manager (CFPM): _____

Type of certification:

ServSafe

Nat'l Registry of Food Safety Prof./Env. Health Testing

Prometric (formerly Thomson Prometric, Expor
Assessments, National Assessment Institute, Chauncey,
and Educational Testing Service) Prior to 04/01/22

360training.com

The Always Food Safe, LLC

AboveTraining, Inc. dba StatefoodSafety

Supervisory Position: _____ Hours Worked per Week: _____

Alternate Person(s) in Charge:

1. _____

2. _____

Type of certification:

Certified Food Handler Training

Trained by QFO

Position 1: _____ Hours per Week: _____ Position 2: _____ Hours 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: _____ Seasonal: _____ Fee Paid: _____ Receipt Number: _____

Date Application Received: _____ Cash: _____ Credit Card: _____ Check No.: _____

CFPM 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: _____ Date Issued: _____