



Fee Paid: _____
 Check # _____
 Cash: _____
 Date: _____

TOWN OF WESTBROOK
 HEALTH DEPARTMENT
 866 BOSTON POST RD.
 WESTBROOK, CT. 06498
 860-399-3047 FAX: 860-399-2084

APPLICATION # _____



FOOD SERVICE PERMIT APPLICATION



- Renewal Seasonal New Business Change of Ownership Operational Change

Establishment Name : _____

Establishment Address: _____

Establishment Phone: _____

Months of operation: _____ thru _____
 Days / Hours of Operation: MONDAY _____ TUESDAY _____ WEDNESDAY _____
 THURSDAY _____ FRIDAY _____ SATURDAY _____ SUNDAY _____

Business Owner Name: _____ Address: _____

Phone: _____ E-mail: _____

All information & correspondence is to be sent to (check one): OWNER BUSINESS

Property Owner's Name: _____

Property Owner's Address: _____

Phone No.: _____ E-mail: _____

TYPE OF ESTABLISHMENT

CHECK APPROPRIATE INFORMATION FOR THE THREE CATEGORIES BELOW

<p>1.) Water Supply</p> <p><input type="checkbox"/> Public Water</p> <p><input type="checkbox"/> Well Water</p>	<p>2.) Sewage Disposal</p> <p><input type="checkbox"/> Date of Cleaning _____</p> <p><input type="checkbox"/></p>	<p>3.) Grease Disposal</p> <p><input type="checkbox"/> Indoor Grease Trap</p> <p><input type="checkbox"/> In-Ground Grease Trap</p> <p><input type="checkbox"/> Grease Rendering Container Size _____</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>		

Other _____

****PLEASE SUBMIT APPLICABLE FEE, A COPY OF YOUR MENU, QFO (CLASS 3 & 4 ONLY) CERTIFICATE, ALT PERSON STATEMENT, FLOOR PLAN & WATER TEST RESULTS WITH THIS APPLICATION****

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. 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 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: _____

Number of Food Preparation Employees: _____ (QFO is responsible for employee training & documentation)

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. I certify that the above information is correct and I agree to abide by State and Local regulations regarding food service.

LICENSES ARE NOT TRANSFERABLE .

Applicant's Signature & Title

Date

VERIFICATION OF Q.F.O. CERTIFICATION AND FOOD WORKER PERSONNEL TRAINING:

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

Signature of Q.F.O.

Date

CHANGE OF OWNERSHIP:

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

Signature of Owner / Operator

Date

Office Use Only

Classification: _____

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: _____ Date Issued: _____ Permit Number: _____