



North Central District Health Department

- ☐ Enfield—31 North Main Street, Enfield, CT 06082 * (860) 745-0383 Fax (860) 745-3188
- ☐ Vernon—375 Hartford Turnpike, Room 120, Vernon, CT 06066 * (860) 872-1501 Fax (860) 872 1531
- ☐ Windham—Town Hall, 979 Main Street, Willimantic, CT 06226 * (860) 465-3033 Fax (860) 465-3034
- ☐ Stafford—Town Hall, 1 Main Street, Stafford Springs, CT 06076 * (860) 684-5609 Fax (860) 684-1768

Patrice A. Sulik, MPH, R.S.
Director of Health

September 2021

Food Service License Renewal

Dear Food Service Establishment Owner/Manager:

Your current food service establishment license expires on October 31, 2021. Please submit your renewal application, license fee and other required information to the North Central District Health Department's Enfield office at 31 North Main Street, Enfield CT 06082 on or before November 1, 2021.

1. Food renewals postmarked and/or received after November 1, 2021, will be charged a late fee of \$150.00-\$400.00 (aligned with licensure fee). There will be no exceptions.
2. NCDHD accepts payments via check/money order or credit card by phone at 860-745-0383. Note if paying by credit card there will be a service fee.
3. QFO/CFSP Registration form (lavender color) is required; submit with a copy of the current food safety certificate for the QFO/CFSP (For Class III and IV Food Service Establishments).
4. If your establishment is on a private well or private water supply, you must submit a Certified Water Analysis collected by laboratory personnel in 2021.
5. If your establishment is served by a septic system, you must submit a current 2021 Septic Pumper's Report, not the receipt showing payment.
6. If your establishment has an EXTERIOR, IN-GROUND GREASE TRAP, you must submit a current 2021 Pumper's Report, not the receipt showing payment.
7. FOOD SERVICE LICENSES ARE NOT TRANSFERABLE. IF YOU PLAN TO SELL YOUR BUSINESS, A FOOD LICENSE APPLICATION, INSPECTION AND SITE REVIEW ARE REQUIRED BEFORE THE NEW OWNER OPENS FOR BUSINESS. Significant upgrades may be required prior to issuance of the food license to the new owner.

If you have any question about this process, please contact the office as soon as possible at 860-745-0383.

Sincerely,

Patrice A. Sulik MPH, RS
Director of Health



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APPLICATION FOR FOOD SERVICE LICENSE

Name of Establishment _____ Class _____

Establishment Address _____
(Street, City, State)

Phone No. _____ Fax No. _____ No. of Employees _____

e-mail address (required) _____

Mailing Address (if different) _____

Business Days/Hours _____

Name of Owner _____ Home/Emergency No. _____

Address of Owner _____

Name of Person In Charge _____ Home/Emergency No. _____

Home Address of Person In Charge _____

Permitted Seating Capacity _____ State Licenses: Bakery _____ Café _____ Liquor _____ Other _____

Liquor Permittee _____

Water Supply Type: (Check all that apply) Public Water _____ Private Well* _____ SHD Jurisdiction _____
***Please enclose a copy of your current water report.**

Sewage Disposal System Type: (Check all that apply) Public Sewer _____ Septic System* _____ Grease Trap* _____
***Please enclose a copy of your current pumper's reports.**

FDA CLASS:	FEE:
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I attest that the above information is correct.
***Please Note – There will be no refunds of Food Service License fees.**

<i>For Health Department Use Only</i>	
Amount Paid: _____	
Restaurant ID No. _____	

Applicant's Signature (Required)

Date: _____

NORTH CENTRAL DISTRICT HEALTH DEPARTMENT
FEE SCHEDULE

Approved at Regular Meeting of Board of Directors, September 13, 2017

Effective September 14, 2017

Category	Fee
Restaurants: Class 1	\$150
Class 2: 50 seats or less	\$200
51+ seats	\$300
Class 3: 50 seats or less	\$300
51+ seats	\$400
Class 4: 50 seats or less	\$300
51+ seats	\$400
Caterer	\$200
Mobile Vendor: FDA Class 1	\$150
FDA Class 2	\$200
FDA Class 3	\$300
FDA Class 4	\$400
Seasonal (six months or less) - Must have a Base of Operation	\$100
Retail Market: Under 5,000 square feet	\$200
5,000 square feet or more	\$400
Convalescent Home (Class 4)	\$400
Day Care Centers & Preschool Programs with Food Service License (Class 4)	\$400
Movie Theater	\$300
Private School	\$300
Other Food Service (not specified)	\$100
Operating without a License (in violation of District Regulations)	\$400
LATE FEE: Operating with an expired license (Aligned with license fee)	\$150-\$400
Any failed inspection will result in a reinspection fee (Effective January 1, 2018)	\$150 each
For Food Service Establishments that initiate their license after May 1, 2018 (within 6 months of the license renewal date), that food service establishment will be charged one-half (50%) of the annual fee.	50% of \$150-\$400
Section 4 Compliance Inspection for New Owners	\$300
Food Establishment Plan Review	\$400
Retail Market/Deli Plan Review	\$300
Factory, Private Educational Institution or Corp. Facility Food Plan Review	\$400

Q.F.O. Questionnaire
NORTH CENTRAL DISTRICT HEALTH DEPARTMENT
Does Your Establishment Need A Q.F.O.?
(Qualified Food Operator)

Establishment: _____ Town: _____

My Establishment Class is: _____ Name of QFO: _____

CLASS 1 ESTABLISHMENTS

Description of Food Preparation Permitted

- . Commercially prepackaged food (e.g., cold commercially packaged sandwiches and sandwich meat and cheeses, pastries, confectioneries, etc.)
- . Hot and cold beverages (e.g., coffee, tea, soft drinks, etc.)
- . Hot and cold food preparation limited to non-potentially hazardous foods (e.g., popcorn, pretzels, donuts, etc.) **AND** potentially hazardous foods heated and served in original package within 4 hours (e.g., commercially prepared processed and packaged sandwiches).

Examples of Class 1 Establishments

- . Convenience stores with prepackaged foods and beverages
- . Coffee shops serving pastries, beverages and prepackaged foods

CLASS 2 ESTABLISHMENTS

Description of Food Preparation Permitted

- . Cold or ready-to-eat foods including potentially hazardous foods may be prepared (e.g., cold deli sandwiches, salads, etc.)
- . Commercially packaged precooked potentially hazardous foods may be heated and served in original package within 4 hours (e.g., commercially prepared processed and packaged sandwiches).
- . Commercially precooked: hot dogs; kielbasa; and soups (not chili, stew or other canned products), may be heated if transferred directly out of the original package and served within 4 hours. (*Transferred directly out of the original package* means opening a can or package of soup that is in a ready-to-eat form and does not require the addition of water, milk or other ingredients.)

Examples of Class 2 Establishments

- . Delicatessens
- . Cafes
- . Ice Cream and yogurt shops

CLASS 3 ESTABLISHMENTS

Description of Food Preparation Permitted

- . Hot preparation of potentially hazardous foods allowed if served to the public within 4 hours (e.g., hot meat sandwiches, pizza, soups, seafood, etc.) The 4 hour maximum holding time before service includes the cumulative holding, cooling, storage, reheating times, after heat treatment.
- .

Examples of Class 3 Establishments

- . Cafeterias (including schools with hot food prepared less than 4 hours before service).
- . Some restaurants with same day preparation of hot foods.
- . Itinerant (mobile) food vendors
- . Day Care Centers
- . Cook/serve operations - some diners and short order establishments.

CLASS 4 ESTABLISHMENTS

Description of Food Preparation Permitted

- . Hot preparation of potentially hazardous foods (e.g., meats, poultry, eggs, fish, dairy, etc.) served more than a cumulative (include hot holding, cooling, cold storage, reheating, etc.) 4 hours after heat treatment.

Examples of Class 4 Establishments

- . Most restaurants
- . Convalescent Homes
- . Hospitals
- . Caterers
- . Any food service establishment that serves potentially hazardous food left over from the day before.

This form MUST be completed by all Class 3 and Class 4 applicants - regardless of previous information supplied. Your application for a food service license will not be processed if returned blank or incomplete.

Establishment Name: _____

Estab. Address: _____
(Street) (City) (State)

PRIMARY Qualified Food Operator/Certified Food Safety Manager Information

Full Name: _____
(First) (Last) (Job Title)

Home Street Address: _____

(City) (State) (Zip) (Home Phone No.)

Name of Course Taken: _____ Date on Certificate: _____

A copy of your certificate of course completion must be submitted along with your license application - if not previously submitted.

REQUIRED: ALTERNATE Qualified Food Operator/Certified Food Safety Manager Information

The Owner or Person in Charge of the food service establishment shall designate an alternate person to be in charge at all times when the qualified food operator cannot be present.

Full Name: _____
(First) (Last) (Job Title)

Home Street Address: _____

(City) (State) (Zip)

Home Tel. No.: _____ Course taken (if applicable) _____

REQUIRED: WRITTEN DOCUMENTATION OF TRAINING

Written documentation of a training program and training records of each employee are maintained and on file on site at this establishment.

YES _____ NO _____ Signed _____
Primary Qualified Food Operator

- * A copy of your certificate of compliance with the QFO/CFSM requirement must be maintained on file at the food service establishment at all times.
- * The QFO/CFSM shall maintain written documentation of a training program, and training records of individual employees.
- * ***The state Public Health Code now allows the Director of Health to close an establishment for non-compliance with Section 19-13-B42(u)(4) - QFO Requirements.***



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GREASE TRAP QUESTIONNAIRE

Name of Food Service Facility: _____

Address of Facility: _____

- This food service facility does not have a grease trap or grease interceptor.
- This food service facility has an interior passive style grease trap.

Location: _____

Size: _____

Frequency of cleaning: _____

Contracted disposal with: _____

- This food service facility has a large grease interceptor (exterior).

Location: _____

Size: _____

Frequency of Cleaning: _____

Contracted Cleaner: _____

***** Attach a copy of your most recent grease trap pumper's report with this form.**

- This food service facility has a mechanically cleaning BACT grease interceptor (i.e., Big Dipper, Highland Tank, etc.).

Please sign and fill in below:

Your Name: _____

Date: _____

Revised 9/22/09