



# NORTH CENTRAL DISTRICT HEALTH DEPARTMENT

ENFIELD – 31 North Main Street – P.O. Box 1222 – Enfield, CT 06083 – (860) 7450-383 – Fax 745-3188  
VERNON - 375 Hartford Turnpike, Suite 120 - Vernon, CT 06066 – (860) 872-1501 - Fax 872-1531  
WINDHAM - Town Hall, 979 Main Street - Willimantic, CT 06226 – (860) 465-3033 - Fax 465-3032  
STAFFORD - Town Hall, 1 Main Street - Stafford Springs, CT 06076 - (860) 684-5609 - Fax 684-1768

WILLIAM H. BLITZ, M.P.H., M.U.P., R.S.  
DIRECTOR OF HEALTH

## APPLICATION FOR FOOD SERVICE LICENSE

Name of Establishment \_\_\_\_\_ Class \_\_\_\_\_

Establishment Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ No. Of Employees \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Business Days/Hours \_\_\_\_\_

Name of Owner \_\_\_\_\_ Home/Emergency No. \_\_\_\_\_

Address of Owner \_\_\_\_\_

Contact Person \_\_\_\_\_

Name of Manager \_\_\_\_\_ Home/Emergency No. \_\_\_\_\_

Home Address of Manager \_\_\_\_\_

Type of Food Operation: \_\_\_\_\_ Seating Capacity \_\_\_\_\_

State Licenses (Bakery, Café, Liquor, etc.) \_\_\_\_\_ # of Non-Smoking Seats \_\_\_\_\_

Permittee \_\_\_\_\_

Water Supply Type: (Check all that apply) Public Water \_\_\_\_\_ Private Well \_\_\_\_\_ SHD Jurisdiction \_\_\_\_\_

Sewage Disposal System Type: (Check all that apply) Public Sewer \_\_\_\_\_ Septic System \_\_\_\_\_ Grease Trap \_\_\_\_\_

Corporation Name \_\_\_\_\_

Corporation Address \_\_\_\_\_

Corporation Phone \_\_\_\_\_ Agent \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

### **QFO Reminder:**

You must submit a copy of the course certificate or waiver with this application unless you have already done so.