



# 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) 465-3032
- 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

## APPLICATION FOR FOOD SERVICE CATERING LICENSE

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

Establishment Address \_\_\_\_\_  
(Street, City, State)

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ No. of Employees \_\_\_\_\_

**e-mail address** \_\_\_\_\_

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

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

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

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

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

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

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 report.**

I attest that the above information is correct.

*For Health Department Use Only*

Amount Paid: **\$200.00** \_\_\_\_\_

Restaurant ID No. \_\_\_\_\_

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

Date: \_\_\_\_\_

Submit applications to: [applications@ncdhd.org](mailto:applications@ncdhd.org)

## Catering Food Service License Application

Location of licensed kitchen to be utilized for the catering operation:

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Provide the name of the owner of the licensed kitchen, if not the same as listed on Page 1:

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\*\* Submit an agreement between the owner of the licensed kitchen and the caterer for use of the licensed facility.

List all other food service licenses held: \_\_\_\_\_

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\*\* Supply a copy of the menu or a listing of the food items to be served.

1. What is the source of the food to be served? \_\_\_\_\_

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2. What is the source of the water supply to be utilized? \_\_\_\_\_

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3. Describe the transport vehicle: \_\_\_\_\_

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4. How will the food be protected during transport? \_\_\_\_\_

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5. How will the cold food be maintained at 45°F or below during food production and transport?

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6. How will hot food items be cooked for service? Will foods be pre-cooked and reheated? Describe these operations.

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7. How and where will excess food and single service items be stored?

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8. a. How and where will utensils, china, glasses, pots, pans, etc., be cleaned?

\_\_\_\_\_

b. Will these items be owned or rented? \_\_\_\_\_

c. Where will these items be stored? \_\_\_\_\_

9. Describe the hand wash facilities in the prep kitchen and at the site of the food service.

\_\_\_\_\_

\_\_\_\_\_

10. Describe the garbage disposal facilities. \_\_\_\_\_

\_\_\_\_\_

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
<b>Mobile Vendor:</b>	
<b>FDA Class 1</b>	<b>\$150</b>
<b>FDA Class 2</b>	<b>\$200</b>
<b>FDA Class 3</b>	<b>\$300</b>
<b>FDA Class 4</b>	<b>\$400</b>
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 ( <u>Aligned with license fee</u> )	\$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
Grease Interceptor Plan Review	\$200
Other Food Service Plan Review (not specified)	\$200
New Food Service Construction – Final Construction Inspection	\$100

# **CFPM Questionnaire**

**Does Your Establishment Need A CFPM  
(Certified Food Protection Manager)**

Establishment: \_\_\_\_\_ Town: \_\_\_\_\_

My Establishment FDA Class is: \_\_\_\_\_ Name of CFPM: \_\_\_\_\_

## **CLASS 1 ESTABLISHMENTS**

“Class 1 food establishment” means a retail food establishment that does not serve a population that is highly susceptible to food-borne illnesses and only offers (A) commercially packaged food in its original commercial package that is time or temperature controlled for safety, or (B) commercially prepackaged, precooked food that is time or temperature controlled for safety and heated, hot held and served in its original commercial package not later than four (4) hours after heating, or (C) food prepared in the establishment that is not time or temperature controlled for safety.

## **CLASS 2 ESTABLISHMENTS**

“Class 2 food establishment” means a retail food establishment that does not serve a population that is highly susceptible to food-borne illnesses and offers a limited menu of food that is prepared or cooked and served immediately, or that prepares or cooks food that is time or temperature controlled for safety and may require hot or cold holding, but that does not involve cooling.

## **CLASS 3 ESTABLISHMENTS**

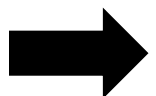
“Class 3 food establishment” means a retail food establishment that (A) does not serve a population that is highly susceptible to food-borne illnesses, and (B) offers food that is time or temperature controlled for safety and requires complex preparation, including, but not limited to, handling of raw ingredients, cooking, cooling and reheating for hot holding.

## **CLASS 4 ESTABLISHMENTS**

“Class 4 food establishment” means a retail food establishment that serves a population that is highly susceptible to food-borne illnesses, including, but not limited to, preschool students, hospital patients and nursing home patients or residents, or that conducts specialized food processes, including, but not limited to, smoking, curing or reduced oxygen packaging for the purposes of extending the shelf life of the food.

Taken directly from the CT General Statutes 19a-36g

See Reverse



**This form MUST be completed by all FDA Class 2, 3, and 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: \_\_\_\_\_

Establishment Address: \_\_\_\_\_  
(Street) (City/Town) (Zip Code)  
\_\_\_\_\_  
(eMail) (Phone#)

**REQUIRED: CFPM: Certified Food Protection Manager Information**

Full Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) Phone #: \_\_\_\_\_  
\_\_\_\_\_  
(City/Town) (Zip Code)

Name of Course Taken: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

*A copy of your certificate must be submitted along with your license application.*

**REQUIRED: CFPM: Certified Food Protection Manager Information**

A CFPM is required to be onsite at all times when the establishment is open for business. Please provide one additional CFPM that will be working in the establishment in a supervisory manner.

Full Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) Phone #: \_\_\_\_\_  
\_\_\_\_\_  
(City/Town) (Zip Code)

Name of Course Taken: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

\*A copy of each CFPM certificate from an accredited program must be maintained on file at the food service establishment, **at all times**, and made available to inspectors upon request.

\* The Person in Charge shall maintain documentation (i.e., Form 1-B in the FDA Food Code) or otherwise satisfactorily demonstrates during the inspection, that all food employees and conditional employees are informed of their responsibility to report the management information about their health and activities as it relates to diseases that are transmissible through food, as specified under ¶ 2-201.11(A).

**NOTE: The home address for the CFPMs cannot be the address of the establishment**



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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 disposal with: \_\_\_\_\_

**\*\*\* 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 11/23/22



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## DECLARATION OF BASE OF OPERATION

This form must be submitted to the Health Department with your application for permit.

**PLEASE PRINT CLEARLY**

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Owner/Operator Name: \_\_\_\_\_

Business Name of Base of Operation: \_\_\_\_\_

Address of Base of Operation: \_\_\_\_\_

Owner of Business Used as Base: \_\_\_\_\_

Owner's E-mail Address: \_\_\_\_\_

Telephone Number of Base of Operation: \_\_\_\_\_

### **THE FOLLOWING PORTION TO BE FILLED OUT BY THE OWNER OF THE FOOD ESTABLISHMENT USED AS THE BASE OF OPERATION.**

I, \_\_\_\_\_ attest that my licensed food establishment  
Owner of food establishment used as base

known as \_\_\_\_\_ is available as the base of operations for  
Name of food establishment

\_\_\_\_\_ owned by \_\_\_\_\_  
Name of Business Owner of Business

\_\_\_\_\_  
Signature of Owner of Food Establishment

**\*\*\*REMEMBER TO INCLUDE A COPY OF THE BASE OF OPERATION'S VALID FOOD PERMIT ISSUED BY THE LOCAL HEALTH DEPARTMENT\*\*\***

8/14/2019



### Instructions for Completing Registration Form

This form is to be used for food service establishments who will or do occupy a building with a well water system. This form is to be used during new food service establishment licensure and existing food service establishment relicensure. Sections A and B of this form are to be completed by the food service establishment applicant, and returned to the respective Local Health Department for review and transmission to the Drinking Water Section of the Department of Public Health. Section B is to be completed by the Local Health Department.

**A. Food Service Establishment Information:** This information is to be provided by the food service establishment applicant. Check if there are any changes in ownership, or contact information (i.e., phone #, address, ownership, contact information, etc.). ***New food service establishment licensure / Relicensure*** – check either new licensure or relicensure. ***Food Service Establishment Name*** – list the business name of the food service establishment. ***Ownership information*** – enter the name, mailing address, phone number and dated signature of the owner of the food service establishment. If the owner is a corporation then the name of a contact person must also be provided.

**B. Water System Information:**

***What is the source of the water supply for this location?*** – Indicate (check) whether this establishment is served by its own well or is a customer of Community Public Water System (CWS).

\*Only continue completing Section B if the food service establishment receives all or part of its water supply from a source other than a regulated CWS. If the food service establishment does not own the water system (i.e. leased space) then the information in Section B may need to be obtained from the property owner.

***Water System/Property Name*** – provide the name that best describes the water system. In cases where the water system serves only the food service establishment, provide the business name of the food service establishment. If the water system serves a shopping plaza provide the name of the shopping plaza. If the water system serves multiple properties provide the name that best describes the water system (example: 156-159 Main Street). Provide the Public Water System (PWS) identification #, if known or if applicable.

***Address of Water System*** – list the address(es) of the property(ies) being served by the well water system.

***Town*** – list the town in which the water system is located.

***Businesses and/or facilities supplied by water system*** – list the name of all businesses, or other facilities served by the water system.

***Do at least 25 persons visit the facilities/businesses supplied by the water system daily at least 60 days out of the year?*** – The availability of water would include public restrooms and/or foods or beverages prepared with water. Check yes or no.

***Total number of same persons who regularly use the facilities/businesses for at least 6 months a year*** – provide the number of persons (i.e. employees, students, NOT residents or transient customers) who use the facility on a daily basis at least 6 months out of the year. Provide an average number of customers who visit your facility/business on a daily basis. Provide the number of residents who live at the facilities/businesses.

***Does this water system also supply water to a (check any that apply)*** – check any of the applicable categories. If an applicable category is not provided, check other and provide a description of the type of facility the water system supplies.

***Type and number of wells*** – provide the number of wells for each applicable category in the space provided, when using the “Other” category also provide a description of the type of water source.

***Installed water treatment equipment*** – check any water treatment equipment installed on the water system. When checking chemical feed systems also list the type of chemical that is being added to the water (example: chlorine, soda ash, permanganate).

***Water system annual operating period (begin/end dates of operation)*** – provide the beginning and end dates (month and day) of the season of operation for the water system, if the water system operates year round enter from 1/1 to 12/31.

***Water system ownership information*** – enter the name, mailing address, phone number and signature for the **property owner** of the water system that will provide water service to the food service establishment. This may be the same information as the owner of the food service establishment, or it may be the name of the landlord, owner of a shopping plaza, etc. If the owner is a corporation then the name of a contact person must also be provided.

**Information to be completed by the Local Health Department:**

1. ***Date*** – date of review.
2. ***Water System Classification (check one)*** – check the water system classification based on information provided in Section B (Water availability to 25 or more persons/day for at least 60 days/year, and # of employees, residents, etc.).
  - If the system regularly serves at least 25 of the **same** persons (not including residents or transient persons) per day for 6 months or more a year, then check **NTNC**.
  - If the system does not supply water to at least 25 persons for at least 60 days out of the year, then check **NP**.
  - If the system is served only by a Community Public Water System (Section B is N/A), then check **CWS Customer**.
  - If the system serves 25 or more persons, at least 60 days a year, and does not meet any of the above, then check **TNC**.\*For additional information on classification, refer to <http://www.dph.state.ct.us/BRS/water/Consumer/PWS.htm>
3. ***Reviewed by (print name and title)*** – provide the name and title of the local health official reviewing the registration form. This person must be a registered sanitarian or the local director of health.
4. ***Signature*** – signature of the person (registered sanitarian or local director of health) reviewing the registration form.

**STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH  
DRINKING WATER SECTION  
Food Service Establishment Water System Registration Form (Rev. 4/06)**

*Refer to instructions on reverse side for assistance in completing this registration form.*

Are there changes to property and/or food service establishment ownership/contact information from this past year?  Yes  No

**A. Food Service Establishment Information**

New food establishment licensure  Relicensure

Food Service Establishment Name: \_\_\_\_\_

Ownership information (food service establishment):

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature of food service establishment Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**B. Water System Information**

What is the source of the water supply for this location?

Onsite Well

*If 'Customer of a Community PWS', do not complete Section B.*

Customer of a Community Public Water System (PWS)

Provide name of Community PWS: \_\_\_\_\_

Water System/Property Name \_\_\_\_\_ PWSID\*: CT \_\_\_\_\_

\* If known / if applicable

Address of Water System: \_\_\_\_\_ Town: \_\_\_\_\_

List all businesses and/or facilities supplied by water system: \_\_\_\_\_

Do at least 25 persons (including employees, customers, parishioners, visitors, etc., but not necessarily the same persons) visit the facilities/businesses supplied by the water system daily at least 60 days out of the year?  Yes  No

Total number of **same** persons who **regularly** use the facilities / businesses (i.e. employees, students, but not residents) for **at least 6 months a year**: \_\_\_\_\_ Avg. # of Daily Customers: \_\_\_\_\_ # of Residents: \_\_\_\_\_

Does this water system also supply water to a (check applicable):  hotel/motel  municipal bldg  gas station  
 medical facility  rest area  park/recreation area  campground  place of worship  Other: \_\_\_\_\_

Type and number of wells:  Drilled Wells \_\_\_\_\_  Shallow Dug Wells \_\_\_\_\_  Other: \_\_\_\_\_

Installed water treatment equipment:  Iron/manganese filter  Ultraviolet light  Water softener  Aeration  
 Granular Activated Carbon filter  Acid Neutralizer  Other/Unk: \_\_\_\_\_  Chemical feed: \_\_\_\_\_

Water System annual operating period (begin/end dates of operation): From: \_\_\_\_\_ To: \_\_\_\_\_  
month/day month/day

Water system ownership information (i.e. property owner):

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

***Information below to be completed by the Local Health Department***

1. Date: \_\_\_\_\_

2. Water System Classification (check one):  NTNC  TNC  NP  Undetermined  CWS Customer\*

3. Reviewed by (print name, title and LHD): \_\_\_\_\_

4. Signature: \_\_\_\_\_

Mail a copy of the completed registration form to:

CT Department of Public Health – Drinking Water Section, CRS Unit,  
410 Capitol Ave. MS#51WAT, P.O. Box 340308, Hartford, CT 06134-0308

\* If CWS customer, do not forward form to CT DPH – DWS.