



# 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

## 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\*\*\***