



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

APPLICATION FOR FOOD SERVICE LICENSE

Name of Establishment _____ FDA Class _____

Establishment Address _____
(Street, City, State, Zip Code)

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.

By signing, I attest the information provided is accurate; I affirm that I will comply with all aspects of the State of Connecticut FDA Food Code and the NCDHD Sanitary Food Code. In addition, I shall allow the North Central District Health Department access to the establishment and to any applicable records specified under the FDA Food Code. I, also, understand my food service license is not transferable to a new owner.

*Please Note: **There will be no refunds of Food Service License fees.**

For Health Department Use Only	
Amount Paid: _____	Rec# _____
Restaurant ID No. _____	

Applicant's Signature Required

Date

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.

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: _____

REQUIRED: CFPM: Certified Food Protection Manager Information

Full Name: _____ Job Title _____

Home Address: _____

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: _____

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).



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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: _____