



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 2023

Food Service License Renewal

Dear Food Service Establishment Owner/Manager:

Your current food service establishment license expires on October 31, 2023. Please submit your renewal application, license fee and other required information to the NCDHD's Enfield office at 31 North Main Street, Enfield CT 06082 or online at applications@ncdhd.org on or before November 1, 2023.

1. **Food renewals postmarked and/or received after November 1, 2023, will be charged a late fee of \$150.00-\$400.00 (aligned with licensure fee). There will be no exceptions.** License Fee Schedule is on page 2 of the Food Service License Application.
2. NCDHD accepts payments via check/money order, cash, or credit card (AMEX, Visa, Mastercard or Discover) by phone at 860-745-0383 or online at NCDHD.org. If paying by credit card there will be a service fee.
3. **Please review the lavender QFPM Questionnaire, on page 3, as your class may have changed.** Class II, III and IV Food Service Establishments must submit this form with their application.
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 2023.
5. If your establishment is served by a septic system, you must submit a current 2023 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 2023 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 IS LICENSED TO OPERATE. Significant upgrades may be required prior to issuance of the food license to the new owner.

For questions about this process, please contact the front 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 _____ 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.**

FDA CLASS:	FEE:
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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.

*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: _____

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 (<u>Aligned with license fee</u>)	\$150-\$400
Any failed inspection will result in a reinspection fee (Effective January 1, 2018)	\$150 each
For NEW Food Service Establishments that initiate their license after May 1st of the current licensing year (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

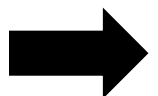
“Class 3 food establishment” means a retail food establishment that (A) does not serve a population that is highly susceptible to food-borne illnesses, and (B) offers food that is time or temperature controlled for safety and requires complex preparation, including, but not limited to, handling of raw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

* SERVING: EAST WINDSOR * ELLINGTON * ENFIELD * STAFFORD * SUFFIELD * VERNON * WINDHAM * WINDSOR LOCKS