



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 2024

Food Service License Renewal

Dear Food Service Establishment Owner/Manager:

Your current food service establishment license expires on October 31, 2024. 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 via email at licenser renewal@ncdhd.org on or before November 1, 2024.

1. Food renewals postmarked and/or received after November 1, 2024 will be charged a late fee of \$150.00-\$400.00 (aligned with licensure fee). There will be no exceptions. Please make sure we have a valid email address on file; as we will only send email reminders. There will no be phone call reminders.
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. If your establishment is on a private well or private water supply, you must submit a Certified Water Analysis collected by laboratory personnel in 2024.
4. If your establishment is served by a septic system, you must submit a current 2024 Septic Pumper's Report (not the receipt showing payment). If your establishment has an exterior, in-ground grease trap, you must submit a current 2024 Pumper's Report for it (not the receipt showing payment).
5. For your convenience, your Food Service Establishment Class and Fee is included on your mailed application.
6. 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 staff 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.

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



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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 08/22/24