



# 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 Section 4 Inspection –  
New Ownership of Existing Food Service Establishment

**This application, the \$300.00 fee, a proposed menu and any equipment changes must be submitted prior to the on-site inspection**

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

Proposed Name of Establishment: \_\_\_\_\_

Previous Name of Establishment: \_\_\_\_\_

Street Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Contact Phone No. \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of Food Operation: \_\_\_\_\_ Class \_\_\_\_\_

Seating Capacity: \_\_\_\_\_ State Licenses: \_\_\_\_\_

Water Supply: Public Water \_\_\_\_\_ Private Well \_\_\_\_\_ SHD \_\_\_\_\_

Sewage Disposal: Public Sewer \_\_\_\_\_ Septic System \_\_\_\_\_

Grease Interceptor: Yes \_\_\_\_\_ No \_\_\_\_\_ Size \_\_\_\_\_

QFO of Establishment: \_\_\_\_\_

Name of Class Taken: \_\_\_\_\_

Certificate: Yes \_\_\_\_\_ No \_\_\_\_\_ Date Taken: \_\_\_\_\_

Applicant's Name (Please Print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

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