



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 SEASONAL FOOD SERVICE LICENSE

6-month duration annually

Name of Establishment _____ Class _____

Establishment Address _____
(Street Address, 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 _____

Seasonal: Start Date _____ End Date: _____

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:

I attest that the above information is correct.

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

For Health Department Use Only

Amount Paid: _____

Restaurant ID No. _____

Applicant's Signature (Required)

Date: _____

Submit application to: applications@ncdhd.org

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





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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



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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*****