



## FOOD SERVICE LICENSE APPLICATION

Renewal                     
  Change of Ownership                     
  New Business                     
  Other \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Emergency/Night Phone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address, if different:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Emergency/Night Phone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

**TYPE OF ESTABLISHMENT**

Café  
 Catering (off premises)  
 Convenience Store  
 Day Care Facility  
 Fast Food  
 Full Service Restaurant  
 Healthcare Facility  
 School  
 Take-out Only  
 Other \_\_\_\_\_

**CHECK APPROPRIATE INFORMATION FOR THE THREE CATEGORIES BELOW**

<p><b>1.) Water Supply</b></p> <p> <input type="checkbox"/> Public Water  <input type="checkbox"/> Well Water         </p>	<p><b>2.) Sewage Disposal</b></p> <p> <input type="checkbox"/> Public Sewers  <input type="checkbox"/> Septic System         </p>	<p><b>3.) Grease Disposal</b></p> <p> <input type="checkbox"/> Indoor Grease Trap  <input type="checkbox"/> In-Ground Grease Trap              ○ Grease Rendering Container              ○ Size _____         </p>
<p><i>Note: The CT State Dept. of Public Health – Water supplies section regulates well water supplies for food service operations. Compliance with requirements is required prior to issuance of a Food Service License.</i></p>		

Days and Hours of Operation: \_\_\_\_\_

Liquor License Number: \_\_\_\_\_ Consumer Protection Number: \_\_\_\_\_

Has your establishment been remodeled recently?  Yes     No    If Yes, remodeling date: \_\_\_\_\_

Seating Capacity: \_\_\_\_\_ Number of Persons served daily: \_\_\_\_\_

(over)

