

# CHATHAM HEALTH DISTRICT

*Sewing the Towns of East Haddam, East Hampton, Haddam, Hebron, Marlborough & Portland*

## FOOD SERVICE APPLICATION: (NEW OR RENEWAL)

For year: 2009

**Type of Establishment:** (Check only one)

Restaurant: \_\_\_\_\_ Healthcare /Long-term: \_\_\_\_\_ Religious Organization: \_\_\_\_\_  
Retail Food: \_\_\_\_\_ Itinerant Vendor: \_\_\_\_\_ Civic Organization: \_\_\_\_\_  
Catering: \_\_\_\_\_ Other (describe): \_\_\_\_\_

**Duration of Operation:**

Year Round: Serving: Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_ Other: \_\_\_\_\_  
Seasonal(6 months or less): Dates: \_\_\_\_\_ to \_\_\_\_\_; Serving Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Phone # \_\_\_\_\_  
Physical Address: \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Zip \_\_\_\_\_  
Owner's Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Home Address: \_\_\_\_\_ Zip \_\_\_\_\_  
Property Owner(In case of emergency) \_\_\_\_\_ Phone # \_\_\_\_\_  
Home Address: \_\_\_\_\_ Zip \_\_\_\_\_  
Manager's Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_ Zip \_\_\_\_\_  
QFO's Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
(QFO's of Class III and IV food service establishments, attached valid QFO certificate)

**E-Mail Address:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_

**Classification of Type of Establishment:** (See District Ordinance)

Class I: \_\_\_\_\_ Fee: \$85.00  
Class II: \_\_\_\_\_ Fee: \$110.00  
Class III: \_\_\_\_\_ Fee: \$160.00  
Class IV: \_\_\_\_\_ Fee: \$210.00  
Board of Ed: \_\_\_\_\_ Fee: \$1.00

Seasonal(6 months or less): \_\_\_\_\_ 50% of classification fee

**Religious/Civic Organization:** \_\_\_\_\_ **Class I/II:** \_\_\_\_\_ \$15.00; **Class III/IV:** \_\_\_\_\_ \$25.00

FEE PAID \$ _____
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Establishment seating capacity: \_\_\_\_\_  
Liquor permit: No: \_\_\_\_\_ Yes (give number): \_\_\_\_\_  
Are you also inspected by: FDA: \_\_\_\_\_ Consumer Protection: \_\_\_\_\_

I hereon attest that the above is the truth and agree that the permit to which this application is made will at all times be operated in compliance with the terms of the General Statutes of the State of Connecticut, the Connecticut State Health Codes, local Ordinances, and orders of the Director of Health or his authorized Agent regarding all matters concerned with public health.

Signature: \_\_\_\_\_ Name printed: \_\_\_\_\_ Date: \_\_\_\_\_  
Date Received: \_\_\_\_\_ Approved by Health Director: \_\_\_\_\_ Date: \_\_\_\_\_