

CHATHAM HEALTH DISTRICT

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

FOOD SERVICE APPLICATION: (NEW OR RENEWAL)

For year: _____

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 # _____

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: \$100.00
Class II: _____ Fee: \$125.00
Class III: _____ Fee: \$175.00
Class IV: _____ Fee: \$225.00
Board of Ed: _____ Fee: \$1.00

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

Religious/Civic Organization: _____ **Class I/II:** _____ \$25.00 **Class III/IV:** _____ \$35.00

FEE PAID \$ _____

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: _____

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www.chathamhealth.org