



Eastern Highlands Health District

4 South Eagleville Road • Mansfield CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321 • Web: www.EHHD.org

FOOD SERVICE LICENSE APPLICATION

- New Establishment
- Transfer of Ownership (See FSE Ownership Transfer Screening Form)
- Itinerant Food Vendor (See Itinerant Food Vendor Information Form)

Name of Establishment _____

Location _____ Town _____

Establishment Mailing Address _____

Town _____ State _____ Zip Code _____

Establishment Phone _____ Establishment Fax _____

Email Address _____

Owner of Establishment _____

Owner Mailing Address _____

Town _____ State _____ Zip Code _____

Owner Home Phone (for EHHD use only) _____

Manager of Establishment _____

Manager Home Phone (for EHHD use only) _____

Corporation/Business Name(if applicable) _____

Corporation/Business President/CEO _____

Mailing Address _____

Town _____ State _____ Zip Code _____

Corporation Phone _____ Corporation Fax _____

Revised 5/15/2008

PLEASE COMPLETE OTHER SIDE OF FORM

2011 FOOD SERVICE LICENSE RENEWAL APPLICATION - PAGE 2

PLEASE FILL OUT ALL SECTIONS BELOW – INCOMPLETE APPLICATIONS WILL NOT BE APPROVED

If the owner of the establishment on page one is a business name (corporation, LLC, etc.) please provide additional contact information below:

Name of CEO or Legal Contact: _____ Title _____

Mailing Address: _____

City/Town: _____, State: _____ Zip: _____

TYPE OF ESTABLISHMENT: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Grocery Store |
| <input type="checkbox"/> Take-out | <input type="checkbox"/> Health Care Facility |
| <input type="checkbox"/> Deli/Convenience Store | <input type="checkbox"/> School/ Daycare |
| <input type="checkbox"/> Bar/Cafe | <input type="checkbox"/> Camp |
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Church/Club |
| <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Commissary/Catering Kitchen (No onsite food service) | |
| <input type="checkbox"/> Mobile/ Itinerant Vendor: | |

- **Note:** Itinerant Vendors are regulated under CT Public Health Code Section 19-13-B48
- **Note:** Mobile/Itinerant Food Vendors must complete and submit an updated Base of Operation Declaration Form (copy attached for existing vendors) with the license renewal application. **Your license will not be renewed without this updated information.**

SERVICE METHOD: (provide all requested information)

Have you increased your indoor or outdoor seating in the past year?..... Yes No

Does your establishment provide catering services off-site?..... Yes No

If yes, is the catering menu different from the menu for the licensed establishment?.. Yes No

Note: Catering is regulated under CT Public Health Code Section 19-13-B49

Does your establishment also operate a Mobile/Itinerant vending unit or vehicle? Yes No

Note: See Mobile/Itinerant Vendor requirements above.

Seasonal Use? (provide dates of operation): opening _____ closing _____

Hours of Operation: (when are you open?)

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

THE UNDERSIGNED AGREES TO COMPLY WITH THE EHHD SANITARY CODE AND THE CONNECTICUT PUBLIC HEALTH CODE. FOR DUE CAUSE, THIS LICENSE MAY BE SUSPENDED BY THE DIRECTOR OF HEALTH.

Authorized Signature: _____ Date: _____

FOR EHHD OFFICE USE ONLY

Fee Paid \$ _____ Date Payment Received _____ Check No. _____ Receipt No. _____

License Renewal Approved: (signature) _____ Date _____

Notes: _____

revised 1/11/11