

CROMWELL HEALTH DEPARTMENT

FOOD SERVICE APPLICATION: (NEW OR RENEWAL)

For Year: _____

Type of Establishment (Check all that apply)

Restaurant_____	Long Term Care_____	Retail Food_____
Luncheonette_____	Civic Org/Agency_____	Religious_____
Café_____	Catering_____	Bakery_____
Nightclub/Bar_____	Other (describe)_____	

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Duration of Operation:
Year Round: Serving Breakfast_____ Lunch_____ Dinner_____ Other_____

Seasonal: Dates: _____ to _____; Serving Breakfast__ Lunch__ Dinner__ Other__

Temporary: (Maximum 14 days) Dates: _____ to _____ (Fee due each license period)

Location of temporary food service: _____

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Name of Business: _____ Phone # _____

Address: _____

Principal Owner's Name: _____ Phone # _____

Home Address: _____ Zip _____

Co-Owner: _____ Phone # _____

Address: _____ Zip _____

Manager's Name: _____ Phone # _____

Address: _____ Zip _____

QFO's Name: _____ Phone # _____

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FEE PAID \$

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Establishment seating capacity_____ Daily Meal Volume_____

Water Supply: Public_____ Private_____ Sewage System: Public_____ Private_____

If private sewage, who is contracted to service/empty your sewage? _____

Cromwell Health Department
41 West Street, Cromwell, CT 06416
Tel.: (860) 632-3426
Fax: (860) 632-3477

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Your Rubbish/Trash Hauler: Name _____ Phone # _____

Liquor Permit: No _____ Yes:(give number) _____

Are you also inspected by: FDA _____ Consumer Protection _____

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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 _____
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Date Approved _____ Approved by: _____

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