

CROMWELL HEALTH DEPARTMENT

¹FOOD 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) _____

.....
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: _____
.....

Name of Business: _____ Phone # _____

Address: _____

Principal Owner's Name: _____ Phone # _____

Home Address: _____ Zip _____

E-Mail Address: _____

Co-Owner: _____ Phone # _____

Address: _____ Zip _____

Manager's Name: _____ Phone # _____

Address: _____ Zip _____

QFO's Name: _____ Phone # _____
.....

LICENSE FEE: \$ _____

.....
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

¹ _____ **P & Z APPROVAL REQUIRED**

CROMWELL HEALTH DEPARTMENT

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 _____
.....

Date Approved _____ Approved by: _____