

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

**FOOD SERVICE ESTABLISHMENT LICENSE APPLICATION**  
**READ CAREFULLY / PLEASE COMPLETE ALL SECTIONS**

Date: \_\_\_\_\_

**Type of Establishment (Check all that apply)**

☐ Restaurant      ☐ Long Term Care      ☐ Retail Food      ☐ Elderly Meals      ☐ Cafeteria  
☐ Civic Org/Agency      ☐ Café      ☐ Catering      ☐ Bakery      ☐ Non Profit      ☐ Religious  
☐ Mobile Vender/Caterer      ☐ Conc. Stand      ☐ Seasonal      ☐ Temporary (7 Days or Less)

**Establishment**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Owner/Agent/Operator**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Name of Certified Food Protection Manager:** \_\_\_\_\_

(Note: Copy of Certificate required with this application)

**Name of Designated Alternate Food Protection Manager:** \_\_\_\_\_

(Include Certificate or Statement)

1. Certified Food Protection Manager and Designated Alternate required for all Class 2's, 3's and 4's. Initial and annual in-house training of all food handlers must be documented, maintained, and made available for review by inspector upon request.
2. If facility is served by a private well water supply; bacteria, pH, color, odor, and turbidity water analysis required annually, copy of report must be attached.
3. If facility is served by an on-site septic system; septic systems must be pumped on a regular basis, but no less than once every two years. Copy of current pump out (within 2 years) must be attached.
4. Menus must include the following statement: *"Thoroughly cooking meats, poultry, seafood, shellfish, or eggs reduces the risk of foodborne illness."*

**Indicate type of service:**

☐ Public Water      ☐ Public Sewers      ☐ Private Well      ☐ Septic System

**Your Rubbish/Trash Hauler:**

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

**License Fee is determined by Class of Establishment, under Cromwell Town Food Ordinance, Chapter 137:**

☐ Class I      \$100.00      ☐ Class II      \$150.00      ☐ Single Event      \$50.00 (One Day)  
☐ Class III      \$200.00      ☐ Class IV      \$200.00      ☐ Non-Profit      No Fee

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: \_\_\_\_\_ Print Name: \_\_\_\_\_