

## FOOD SERVICE LICENSE APPLICATION

Please review and provide the requested information for your establishment. Incomplete applications will delay release of your license. Any license issued pursuant to this application will be subject to applicable State and Ledge Light Health District Food Establishment Regulations. Licenses are not transferable between owners. A name change requires a new application, even if ownership remains the same.

Name of Establishment: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Phone Number of Establishment: \_\_\_\_\_

Fax Number of Establishment: \_\_\_\_\_

Site Manager: \_\_\_\_\_

Name of Legal Owner of Establishment: \_\_\_\_\_

Address for Legal Notices: \_\_\_\_\_

Phone Number of Legal Owner: \_\_\_\_\_

Water Supply: ☐ Public ☐ Private (well)

Sewage Supply: ☐ Public ☐ Private (septic)

Days/Hours of Operation:

Sunday \_\_\_\_\_ to \_\_\_\_\_

Monday \_\_\_\_\_ to \_\_\_\_\_

Tuesday \_\_\_\_\_ to \_\_\_\_\_

Wednesday \_\_\_\_\_ to \_\_\_\_\_

Thursday \_\_\_\_\_ to \_\_\_\_\_

Friday \_\_\_\_\_ to \_\_\_\_\_

Saturday \_\_\_\_\_ to \_\_\_\_\_

### **FOR SEASONAL ONLY**

Please indicate if your establishment operates only during certain months of the year.

Opens in: \_\_\_\_\_

Closes in: \_\_\_\_\_

**Please note: any seasonal establishment that is open for six months or less may pay one-half of the regular fee.**

Type of Establishment: ☐ Religious ☐ School ☐ Farmer ☐ Retail/Grocery ☐ Long Term Care ☐ Daycare ☐ N/A

Meals Served: (Check all that apply) ☐ Breakfast ☐ Lunch ☐ Dinner

Number of Seats: \_\_\_\_\_

Are Public Restrooms available? ☐ Yes ☐ No If Yes, are they separated by sex? ☐ Yes ☐ No

**(2 Sided Form)**



Promoting  
healthy  
communities

The District frequently receives information from a variety of sources – including the State Department of Public Health and the Food and Drug Administration – that may pertain to food products you may be serving. It is critical that we release this information to as many people as quickly as possible, in order to reduce the possibility of someone falling ill due to contaminated products. So that we can ensure that the information gets to the appropriate person at your food service establishment in a timely fashion, please provide an email address that is checked on a daily basis by someone with knowledge of the food products your establishment sells.

If you do not have an email address, please contact Ryan McCammon at 860-448-4882, ext. 301 to discuss how we can get the information to you.

Email Address for Public Health Alerts: \_\_\_\_\_

Phone Number for 24-hour Emergency Contact: \_\_\_\_\_

Class III and IV Establishments:

Qualified Food Operator (QFO): \_\_\_\_\_

Designated Alternate(s) QFO: \_\_\_\_\_

(at least one required) \_\_\_\_\_

INCLUDE WITH YOUR COMPLETED APPLICATION:

\_\_\_\_\_ Payment (Make checks payable to Ledge Light Health District.) (There is a \$25 charge for all returned checks) Fees can also be paid online at <https://squareup.com/store/llhd> or at our office with a credit card.

\_\_\_\_\_ Copy of MENU

\_\_\_\_\_ Copy of QFO documentation if required

\_\_\_\_\_ Copy of Alternate QFO designation sheet if required

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Applicant Name

Office Use Only:

Date Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_ Cash: \_\_\_\_\_ Credit: \_\_\_\_\_ Receipt #: \_\_\_\_\_