

## FOOD SERVICE LICENSE APPLICATION

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.

☐ Year round                      ☐ Seasonal (6 months or less)

☐ New Establishment              ☐ Change in Ownership              ☐ Change in FSE Name

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

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

Establishment Phone: \_\_\_\_\_

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

Name of Owner of Establishment: \_\_\_\_\_ Owner Date of Birth: \_\_\_\_\_

Address for Legal Notices (if different from above): \_\_\_\_\_

Phone Number of Owner: \_\_\_\_\_ Email of Owner: \_\_\_\_\_

24 hr Emergency Contact Number: (Cell phone preferred) \_\_\_\_\_

Name of Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

<b>Type of Establishment</b> <input type="checkbox"/> Restaurant (sit down) <input type="checkbox"/> Take Out Only <input type="checkbox"/> Deli <input type="checkbox"/> Convenience Store <input type="checkbox"/> Grocery Store <input type="checkbox"/> Bakery <input type="checkbox"/> Healthcare Institution <input type="checkbox"/> School <input type="checkbox"/> Daycare <input type="checkbox"/> Religious <input type="checkbox"/> Caterer <input type="checkbox"/> Club	<b>Seating Capacity</b> Indoor _____ Outdoor _____  <b>Meals Served</b> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner  <input type="checkbox"/> Mobile Itinerant Vendor  <input type="checkbox"/> Retail Only	<b>Water Supply</b> <input type="checkbox"/> Public <input type="checkbox"/> Private (please provide most recent test)  <b>Note:</b> The CT State Dept. of Public Health—Water supplies section regulates well water supplies for food service operations. An unregistered water supply serving a food service establishment must be screened by the CT DPH for classification as a public or private water source.
<b>Grease Disposal</b> <input type="checkbox"/> Indoor Grease Trap <input type="checkbox"/> In-Ground Grease Trap <input type="checkbox"/> AGRU <input type="checkbox"/> Grease Rendering Container	<b>Sewage Disposal</b> <input type="checkbox"/> Public Sewer <input type="checkbox"/> Private Septic System  <i>*If private, applicant shall discuss a B100a review with a land use sanitarian</i>	<b>Hours of Operation</b>  Sun _____ to _____ Mon _____ to _____ Tues _____ to _____ Wed _____ to _____ Thurs _____ to _____ Fri _____ to _____ Sat _____ to _____  <b>If Seasonal, please indicate months in operation</b>  <b>Opens:</b> _____  <b>Closes:</b> _____  <b>Note: If 6 months or less, may pay half of license fee</b>

**Please check appropriate Classification (refer to attached Guidelines for Classifying Food Service Establishments sheet)**

☐ Class I/Retail Only              ☐ Class II              ☐ Class III              ☐ Class IV

**\*All Class II, III & IV establishments shall have a Certified Food Protection Manager employed and a Person in Charge present whenever the facility is in operation. The Person in Charge shall also have a valid Certified Food Protection Manager Certificate**

**Certified Food Protection Manager (CFPM):** \_\_\_\_\_  
**Person in Charge (PIC) :** \_\_\_\_\_

**Approved CFPM Course Certification:** ☐ National Registry of Food Safety Prof., Inc. ☐ AAA Trainers Inc.  
☐ APS Culinary Dynamics ☐ Learn2Serve  
☐ National Restaurant Association Solutions (ServSafe) ☐ Relish Works, Inc  
☐ Responsible Training/Safeway Certifications, LLC ☐ The Always Food Safe Company, LLC  
☐ Certus/StateFoodSafety ☐ DSBWorldwide, Inc. ☐ My Food Service License

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 <http://pay.llhd.org/> or at our office with a credit card or cash.

\_\_\_ Copy of MENU

\_\_\_ Copy of CFPM Documentation if Required

\_\_\_ Copy of PIC/Designated Alternate Documentation if Required

*By signing, the applicant agrees the above information is accurate and agrees to comply with all aspects of the State of Connecticut and Ledge Light Health District Food Service Regulation. **This is not a permit; permits will be issued by mail and are required to be posted in the establishment.***

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

\_\_\_\_\_  
Date

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