

**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: \_\_\_\_\_

|   |  |  |  |
|---|--|--|--|
| <p><b>Type of Establishment</b></p> <input type="checkbox"/> Restaurant (sit down)<br><input type="checkbox"/> Take Out Only<br><input type="checkbox"/> Deli<br><input type="checkbox"/> Convenience Store<br><input type="checkbox"/> Grocery Store<br><input type="checkbox"/> Bakery<br><input type="checkbox"/> Healthcare Institution<br><input type="checkbox"/> School<br><input type="checkbox"/> Daycare<br><input type="checkbox"/> Religious<br><input type="checkbox"/> Caterer<br><input type="checkbox"/> Club | <p><b>Seating Capacity</b></p> Indoor _____<br>Outdoor _____<br><br><p><b>Meals Served</b></p> <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner<br><br><input type="checkbox"/> <b>Mobile Itinerant Vendor</b><br><br><input type="checkbox"/> <b>Retail Only</b> | <p><b>Water Supply</b></p> <input type="checkbox"/> Public<br><input type="checkbox"/> Private (please provide most recent test)<br><br><p><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.</p> | <p><b>Hours of Operation</b></p> Sun _____ to _____<br>Mon _____ to _____<br>Tues _____ to _____<br>Wed _____ to _____<br>Thurs _____ to _____<br>Fri _____ to _____<br>Sat _____ to _____<br><br><p><b>If Seasonal, please indicate months in operation</b></p> <p><b>Opens:</b> _____</p> <p><b>Closes:</b> _____</p> <p><b>Note: If 6 months or less, may pay half of license fee</b></p> |
| <p><b>Grease Disposal</b></p> <input type="checkbox"/> Indoor Grease Trap <input type="checkbox"/> In-Ground Grease Trap<br><input type="checkbox"/> AGRU <input type="checkbox"/> Grease Rendering Container   |  | <p><b>Sewage Disposal</b></p> <input type="checkbox"/> Public Sewer<br><input type="checkbox"/> Private Septic System<br><br><p><i>*If private, applicant shall discuss a B100a review with a land use sanitarian</i></p>  |  |

**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