



# Application for a License to Operate Food Service Establishment

Chesprocott Health District • 1247 Highland Ave • Cheshire, CT 06410  
(203) 272-2761 • [www.chesprocott.org](http://www.chesprocott.org)

**Include with Application**  
 Payment to CHD  
 Copy of Menu  
 Well Water Analysis  
 Septic Tank Pump Receipt  
 QFO Certificate (Class 3 & 4)

Name of Facility: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Mailing Address (If different from above): \_\_\_\_\_  
Name of Owner: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Manager's Name (if different from above): \_\_\_\_\_

<b>Type of Facility (Check One)</b>	<b>Type of Application</b>	<b>Water Supply (Check One)</b>	<b>Generator Information</b>
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Yearly Renewal	<input type="checkbox"/> Public Supply	<input type="checkbox"/> No, do not have one
<input type="checkbox"/> Food Store	<input type="checkbox"/> Change of Owner	<input type="checkbox"/> Private Well	<input type="checkbox"/> Yes, I have one (provide the following)
<input type="checkbox"/> School or Church	<input type="checkbox"/> Remodel/Conversion		<input type="checkbox"/> Movable or <input type="checkbox"/> Permanent
<input type="checkbox"/> Long-term care	<input type="checkbox"/> New Facility		<input type="checkbox"/> # Watts
<input type="checkbox"/> Itinerant Vendor (year)			Type of Fuel: <input type="checkbox"/> Diesel
<input type="checkbox"/> Itinerant Vendor (51-180 days)			<input type="checkbox"/> Gasoline
<input type="checkbox"/> Seasonal	<b>Sewage Disposal (Check One)</b>		<input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> Town Sewer		Serves: <input type="checkbox"/> Entire Building
	<input type="checkbox"/> Septic System		<input type="checkbox"/> All Refrigerators
	<b>Grease Trap</b>		<input type="checkbox"/> Some Refrigerators
	<input type="checkbox"/> Yes, In facility ARGU		<input type="checkbox"/> Lighting
	<input type="checkbox"/> Yes, part of septic system		<input type="checkbox"/> Well Pump
	<input type="checkbox"/> No, don't have one		

Classification of Food Establishment: Class  1  2  3  4

Seating Capacity (Include bar seats): \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Seasonal Establishments: Open and Closed Dates: \_\_\_\_\_

**Required for Class 3 and Class 4**

Name of Qualified Food Operator: \_\_\_\_\_

Position Held: \_\_\_\_\_ Number of Hours Worked Weekly: \_\_\_\_\_

Name of Designated Alternate(s): \_\_\_\_\_

Position(s) Held: \_\_\_\_\_ Number of Hours Worked Weekly: \_\_\_\_\_

I certify that I am the owner of the food service establishment or the owner legal representative. I understand that prior to a change in ownership or in business name a new application for permit must be forwarded to the Health District.  
**(Licenses are not transferable)**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Notice: In the event re-inspection is necessary to verify correction of health code violations, a re-inspection fee will be charged. All fees must be paid prior to reissuance of the food service license. Food Licenses are rescinded for continual health codes violations.