

CHESPROCOTT HEALTH DISTRICT

1247 Highland Avenue, Cheshire, Connecticut 06410 203-272-2761

Food Service Establishment Plan Review Application

Name of Establishment _____ Phone _____

Address _____ Town, State, Zip _____

Owner of Establishment _____ Phone _____

Address _____ Town, State, Zip _____

Name of Applicant _____ Phone _____

Address _____ Town, State, Zip _____

Applicant Title (owner, architect, manager, etc.) _____

Name of Qualified Food Service Operator (QFO) _____

- New Establishment Conversion Remodel of Existing Establishment Change of Owner

Projected Date of Start of Project _____ Projected Date of Completion of Project _____

Type of Business –

- Restaurant Caterer Health Care Institution
 Deli/Convenience Store Bakery Grocery Store
 School/Day Care Other (specify)

Sewage Disposal

- Public Sewer
 Septic System

Grease Trap

- Indoor
 Outdoor
 None

Water Supply

- Public Water
 Private Well

Service Method (check all that apply)

- Eat-In Buffet / Salad Bar
 Take Out Catering

** Seating Capacity _____ Square Footage of Facility _____

of Employees per Shift _____ Estimated Daily Water Usage _____

Estimated # of Meals Served Breakfast _____ Lunch _____ Dinner _____

Hours of Operation Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

Sunday _____

FOOD SERVICE PLAN REVIEW FEE

SEE CURRENT FEE SCHEDULE

Please submit this completed application, a floor plan, a list of all equipment, and a check made out to "Chesprocott Health District" for the appropriate amount. We will contact you to make an appointment.