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 Grease Trap Water Supply
□ Public Sewer □ Indoor □ Public Water
□ Septic System □ Outdoor □ Private Well
□ None

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.