



www.newtown-ct.gov/health-district

## NEWTOWN DISTRICT DEPARTMENT OF HEALTH FOOD SERVICE LICENSE APPLICATION

License Type: ☐ New ☐ Renewal ☐ Change in Ownership

**Class 1 ~ \$50.00    Class 2 ~ \$100.00    Class 3 ~ \$200.00    Class 4 ~ \$250.00**

*Checks payable to the Newtown Health District*

➤ **Please fill out the application completely and attach any necessary documents.**

BUSINESS NAME: \_\_\_\_\_

ESTABLISHMENT ADDRESS: \_\_\_\_\_  
Street Town

ESTABLISHMENT PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Type of Ownership: ☐ Individual ☐ Partnership ☐ Corporation

**Individual Owner**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

- If Partnership, List all Partners on reverse. Include Mailing Address and Contact information.
- If Corporation, List Corporation name and all Officers on reverse. Include Mailing Address and Contact information.

Emergency Contact Name, Phone and Email: \_\_\_\_\_

Building Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Town Zip Code

Primary Service (Check one): ☐ Food Establishment ☐ Food Store ☐ Food Establishment/Catering

Additional Services: (Check all that apply)

☐ Take Out ☐ Delivery ☐ Catering Only ☐ Permitted Outdoor Dining ☐ Seasonal ☐ Other: \_\_\_\_\_

HOURS OF OPERATION:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Name of Certified Food Protection Manager: \_\_\_\_\_

Alternate Person in Charge: \_\_\_\_\_

Max. number of employees per shift: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

Does this business have an emergency generator (circle one)?      **Yes**    /    **No**  
If yes, what does the generator provide power to? \_\_\_\_\_

**Water Supply:**      Public      Private Well      **Sewage Disposal:**      Sewer      Septic System

- All facilities using private well water are **required** to test the water quality and the results must be submitted with this application. Testing within the last three months is acceptable.

**Grease Disposal** (circle one)

None      AGR Unit    Internal      Rendering Container      Outdoor In-ground, Capacity in Gallons: \_\_\_\_\_

Name of company responsible for pumping/ hauling grease trap waste: \_\_\_\_\_

- Provide a copy of most recent invoice from the pumper/hauler.

Is waste oil (fryolator oil) collected for recycling (circle one)?      Yes      No

Name and phone number of company responsible for collecting waste oil: \_\_\_\_\_

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I attest the above information is accurate and correct. The undersigned agrees to abide by all State and Local Ordinances in regard to the dispensing of food and beverages with the understanding that failure to comply may result in revocation or the suspension of your food license.

**REQUIRED DOCUMENT CHECK LIST:**

- ☐ Water Analysis- *private well water only*  
☐ Copy of Certified Food Manager (Qualified Food Operaor) Certificate(s)

Owner/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Health District Use Only:**      Fee Paid: \_\_\_\_\_      Check #: \_\_\_\_\_      Cash: \_\_\_\_\_

Comments: \_\_\_\_\_

Application Approved By: \_\_\_\_\_ Date: \_\_\_\_\_