



www.newtown-ct.gov/health-district

NEWTOWN DISTRICT DEPARTMENT OF HEALTH FOOD SERVICE LICENSE APPLICATION

License Type: New Renewal Change in Ownership

Class 1 ~ \$100.00 Class 2 ~ \$150.00 Class 3 ~ \$250.00 Class 4 ~ \$300.00

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: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> 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 Operator) Certificate(s)

Owner/Applicant Signature: _____ Date: _____

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Health District Use Only: Fee Paid: _____ Check #: _____ Cash: _____

Comments: _____

Application Approved By: _____ Date: _____