



Northeast District Department of Health
69 South Main Street Unit 4
Brooklyn, CT 06234
Phone - (860) 774-7350 / Fax - (860) 774-1308
www.nddh.org

APPLICATION FOR A FOOD SERVICE PERMIT
PLEASE PRINT INFORMATION CLEARLY

Establishment Name: _____

Mailing Address: _____

City: _____ ST: _____ Zip: _____

Local Mailing Address: _____

City: _____ ST: _____ Zip: _____

Est. Phone: _____ - _____ Est. FAX: _____ - _____ Email: _____

Owner of Establishment: _____

Home Address: _____ City: _____ ST: _____ Zip: _____

Home Phone: _____ - _____ Email: _____

Manager/Operator: _____

Home Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ - _____ *Operating Hours:* _____ *Seating Capacity* _____

TYPE of ESTABLISHMENT:

Restaurant/Food Service* _____ Food Store _____ School _____
Caterer* _____ Seasonal _____ *Date open:* _____ Day Care _____
Date closed: _____
Bakery _____ Non-profit _____ (tax exempt # _____) Youth Camp _____
Campground _____

**If you cater, do you do onsite catering? Yes _____ No _____ Do you do offsite catering? Yes _____ No _____*

Sewage Disposal

Septic System _____

Public Sewer _____

Last Date Pumped ____/____/____

Water Supply

Public Water _____

Private Well _____ Water Treatment: Yes No (wells only)

Last Date Tested ____/____/____

Please Complete Reverse Side of Application

Cleaning & Maintenance of Grease Disposal Units during the past year.

Date of Cleaning	Name/Authorized Cleaner	Address of cleaner	Telephone # of Cleaner

Qualified Food Operator (for Class III and IVs only)

Head QFO Name: _____

Type of certification: Natl. Rest. Assoc.(ServSafe QFO): _____ Chauncey Group(ETS): _____

Natl. Assessment Institute: _____ Signed Statement: _____

Do you have QFO alternates?* Yes _____ No _____ If so, how many? _____

QFO Alternate Name: _____

*A QFO alternate can be a QFO, a FAST certified employee, or someone trained by head QFO in safe food handling w/training records.

Does your organization maintain training records?* Yes _____ No _____

*Training records can be a notebook or binder that contains copies of employees' QFO and FAST certificates and dates of in-house and outside food safety trainings.

Are You Permitted By:

Dept. of Consumer Protection _____ Permit # _____ Expiration Date _____

Dept. of Agriculture _____ Permit # _____ Expiration Date _____

CT Liquor Commission _____ Permit # _____ Expiration Date _____

IMPORTANT: Contact the Northeast District Department of Health if any of the information on this application changes so that we may update our records.

Your Name (print): _____

SIGNATURE: _____ Date _____

To Be Completed by NDDH only

Class: 1 2 3 4

Food Service Permit Fee: _____ Receipt # _____ CK# _____ Date ____/____/____

Restaurant Plan Review: _____ Receipt # _____ CK# _____ Date ____/____/____