



**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](http://www.nddh.org)

---

---

**APPLICATION FOR A FOOD STORE/SUPERMARKET**

---

---

**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: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

**Manager/Operator:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ *Establishment Operating Hours* \_\_\_\_\_

---

---

**Check all that apply:**

Produce Department \_\_\_\_\_ Manager's Name (if different) \_\_\_\_\_  
w/salad bar \_\_\_\_\_

Deli Department \_\_\_\_\_ Manager's Name (if different) \_\_\_\_\_  
w/cold food prep \_\_\_\_\_  
w/hot food prep \_\_\_\_\_

Meat Department \_\_\_\_\_ Manager's Name (if different) \_\_\_\_\_

Seafood Department \_\_\_\_\_ Manager's Name (if different) \_\_\_\_\_

Bakery Department \_\_\_\_\_ Manager's Name (if different) \_\_\_\_\_

Dairy Department \_\_\_\_\_ Manager's Name (if different) \_\_\_\_\_

Catering Department \_\_\_\_\_ Manager's Name (if different) \_\_\_\_\_  
prepared & picked up \_\_\_\_\_ (by customer)  
delivered \_\_\_\_\_ (by store)

---

---

**Sewage Disposal**

Septic System\_\_\_\_\_

Public Sewer\_\_\_\_\_

Last Date Pumped\_\_\_\_/\_\_\_\_/\_\_\_\_

**Water Supply**

Public Water\_\_\_\_\_

Private Well\_\_\_\_\_ Water Treatment: Yes No (wells only)

Last Date Tested\_\_\_\_/\_\_\_\_/\_\_\_\_

**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? \_\_\_\_\_

\*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\_\_\_\_\_

**Extermination Program:**

Name of Company:\_\_\_\_\_

Phone Number:\_\_\_\_\_ Frequency of Inspection/Application\_\_\_\_\_

**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 Store Permit Fee:**\_\_\_\_\_ **Receipt #**\_\_\_\_\_ **CK#**\_\_\_\_\_ **Date**\_\_\_\_/\_\_\_\_/\_\_\_\_

**Restaurant Plan Review:**\_\_\_\_\_ **Receipt #**\_\_\_\_\_ **CK#**\_\_\_\_\_ **Date**\_\_\_\_/\_\_\_\_/\_\_\_\_