



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

NON-PROFIT APPLICATION FOR KITCHEN PERMIT

- Please print all information clearly
- Attach a copy of the kitchen diagram with all equipment clearly labeled

Establishment Name: _____

Location: _____ Town: _____ Zip: _____

Mailing Address: _____ City: _____ ST: _____ Zip: _____

Establishment Phone Number: _____ - _____ Establishment FAX: _____ - _____

Person in Charge of Food Operation: _____

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

Phone: _____ - _____

TYPE of Facility:

Church Hall _____ Firehouse _____ Grange _____ Sportsman's Club _____

Clubs: i.e., VFW, American Legion _____ Seasonal _____ Lodges _____

Anticipated Number of Yearly Events: _____

Anticipated Number of People to be Served at Each Event _____

Sewage Disposal

Septic System _____

Public Sewer _____

Last Date Pumped ____/____/____

Water Supply

Public Water _____

Private Well _____

Water Treatment: Yes No (wells only)

Last Date Tested ____/____/____

Must be conducted within last 12 months

Applicant's Name (printed)

Signature

Date