



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

FOOD SERVICE PERMIT APPLICATION

Establishment Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ **Email:** _____

Owner of Establishment: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home/Cell Phone: _____ **Email:** _____

Manager/Operator: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home/Cell Phone: _____ Operating Hours: _____ Seating Capacity: _____

Establishment Type:

Restaurant/Food Service*

Caterer*

**Do you have onsite catering?* Yes No **Do you have offsite catering?* Yes No

Seasonal Date Open: _____ Date Closed: _____

Food Store Bakery Campground Day Care Youth Camp

School Non-profit (Tax Exempt # _____) Must provide copy of exemption certificate

Sewage Disposal:

Public Sewer

Septic System

Last Date Pumped _____

Water Supply:

Public Water

Private Well

Water Treatment: Yes No (wells only)

Last Date Tested _____

Please Complete Reverse Side of Application

Grease Disposal Units-Past Year Cleaning and Maintenance: (Required-Class III and IV)

Date of Cleaning	Name/Authorized Cleaner	Address of Cleaner	Phone for Cleaner

Qualified Food Operator: (Required-Class III and IV)

Head QFO Name: _____

Type of Qualified Food Operator Certification: (Check all which apply and provide a copy.)

National Restaurant Association (ServSafe)

Thomson Prometric (Formerly Experior Assessments, National Assessment Institute, Chauncey, and Education Testing Service)

National Registry of Food Safety Professionals/Environmental Health Testing

Does your establishment have QFO alternates? * Yes No If so, how many? _____

Alternate QFO Name: _____

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

Does your establishment maintain training records? * Yes No

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

Other Permits:

Dept. of Consumer Protection Permit # _____ Expiration Date _____

Dept. of Agriculture Permit # _____ Expiration Date _____

CT Liquor Commission Permit # _____ Expiration Date _____

IMPORTANT: If any information changes throughout the permit year, contact the Northeast District Department of Health to update our records.

Signature: _____ **Date** _____

Print First and Last Name: _____

NDDH Use Only: Class: 1 2 3 4 Number of Inspections: _____

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

Late/Penalty/Other Fee: _____ Receipt # _____ CK# _____ Date ____/____/____