



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)

<i>Sanitarian Approved</i> <i>Initial: _____</i> <i>Date: _____</i> <i>Emailed: _____</i>
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## FOOD SERVICE PERMIT APPLICATION

**Establishment Name:** \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ **Billing Email:** \_\_\_\_\_

**Owner of Establishment:** \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

**Establishment Type:** Restaurant/Food Service\* \_\_\_\_\_ Caterer\* \_\_\_\_\_

Operating Hours: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

*\*If caterer, do you have onsite catering? Yes No \*Do you have offsite catering? Yes No*

Seasonal \_\_\_\_\_ Date Open: \_\_\_\_\_ Food Store \_\_\_\_\_ Bakery \_\_\_\_\_

Date Closed: \_\_\_\_\_ Campground \_\_\_\_\_ Daycare \_\_\_\_\_

Tax Exempt # \_\_\_\_\_ School \_\_\_\_\_ Youth Camp \_\_\_\_\_

(provide a copy of exemption certificate)

**Sewage Disposal:**

**Water Supply:**

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

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

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

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

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

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

**Please Complete Reverse Side of Application**

**Septic/ Grease Disposal Units-Past Year Cleaning and Maintenance:** (Required-Class II, III and IV)

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

**Certified Food Protection Manager: (Required-Class II, III and IV)**

Supply copies of certifications for current employees. Number of copies attached: \_\_\_\_\_

**Other Permits**

Dept. of Consumer Protection	Permit # _____	Expiration Date _____
Dept. of Agriculture	Permit # _____	Expiration Date _____
CT Liquor Commission	Permit # _____	Expiration Date _____

Proof of Registration with CT DPH attached after 7/1/2018 \_\_\_\_\_

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

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print First and Last Name:** \_\_\_\_\_

**NDDH Use Only:**      *Class: 1 2 3 4*      Number of Inspections: \_\_\_\_\_

**Food Service Permit Fee:** \_\_\_\_\_ Receipt # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
*CASH* \_\_\_\_\_      *CK#* \_\_\_\_\_      *E-CK#* \_\_\_\_\_      *Credit Card* \_\_\_\_\_

**Late/Penalty/Other Fee:** \_\_\_\_\_ Receipt # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
*CASH* \_\_\_\_\_      *CK#* \_\_\_\_\_      *E-CK#* \_\_\_\_\_      *Credit Card* \_\_\_\_\_

**Restaurant Plan Review:** \_\_\_\_\_ Receipt # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
*CASH* \_\_\_\_\_      *CK#* \_\_\_\_\_      *E-CK#* \_\_\_\_\_      *Credit Card* \_\_\_\_\_