



Northeast District Department of Health  
69 South Main Street, Unit 4  
Brooklyn, CT 06234  
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*Sanitarian Approved*  
*Initial: \_\_\_\_\_*  
*Date: \_\_\_\_\_*  
*Emailed: \_\_\_\_\_*

### 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\* \_\_\_\_\_

*\*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 \_\_\_\_\_ Day Care \_\_\_\_\_

Non-profit \_\_\_\_\_ (Tax Exempt Required # \_\_\_\_\_) School \_\_\_\_\_ Youth Camp \_\_\_\_\_

### 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**

**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

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

Head CFPM Name: \_\_\_\_\_

Type of Certified Food Protection Manager Certification: (Check 1, 2, 3 or all which apply and provide a copy.)

- 1. National Restaurant Association (ServSafe): \_\_\_\_\_
- 2. Prometric: \_\_\_\_\_  
(Formerly Thomson Prometric, Experior Assessments, National Assessment Institute, Chauncey, and Education Testing Service)
- 3. National Registry of Food Safety Professionals/Environmental Health Testing: \_\_\_\_\_
- 4. 360training.com \_\_\_\_\_

Does your establishment have CFPM alternates?\* Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how many? \_\_\_\_\_

Alternate CFPM Name: \_\_\_\_\_

\*A CFPM alternate can be a CFPM, a FAST-certified employee, or someone trained by the head CFPM 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' CFPM 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 \_\_\_\_/\_\_\_\_/\_\_\_\_