



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

email@nddh.org

Sanitarian Approved

Initial: _____

Date: _____

Emailed: _____

FOOD SERVICE PERMIT APPLICATION

Establishment Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ **Billing 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 CC E-Check Cash
 Food Service Permit Fee: _____ Receipt # _____ CK# _____ Date ____/____/____
 Late/Penalty/Other Fee: _____ Receipt # _____ CK# _____ Date ____/____/____