



# 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)

## An Important Notice Regarding Your Food Service Permit

To: Seasonal Food Service Establishment Owners  
From: The Northeast District Department of Health  
Date: March 15, 2024  
Subject: 2024 Seasonal Food Service Permit Renewal

The Seasonal Food Service permit issued to your establishment by the Northeast District Department of Health (NDDH) has expired and must be updated on a yearly basis.

Please return the following to this office by Monday, April 15, 2024:

- A completed **Food Service Application**. For your convenience, you can access the application forms and make online payments on our website: [www.nddh.org/formspermits](http://www.nddh.org/formspermits). If you do not have computer access, you may complete the form at our office.
- **Pay** the application **Fee**.
- Establishments that are a Class II, III or IV must provide a copy of the Certified Food Protection Manager Certificate
- **Complete and return the Emergency Contact Form**
- Establishments with public water must provide a copy of the most recent water bill
- Establishments with a private well must provide a copy of the current water analysis report. Note that the water sample must have been retrieved by a CT Certified laboratory.
- Establishments with an on-site septic system must provide a copy (receipt) of the most recent waste removal. Note that the waste removal must be within the past 3 years.
- Establishments with external grease traps must provide a copy (receipt) of the most recent pumping

We are eager to assist you in complying with the State of Connecticut public health regulations. Upon receipt of all completed documentation, a permit will be issued for your establishment. **Please be sure to provide us with a valid e-mail address, as we will be sending permits electronically.**

All completed documentation must be received by Monday, April 15, 2024. All documents are due before your opening date if you plan on opening your establishment before April 15, 2024. The establishment will be charged a late fee of \$90 if documentation is received after April 15, 2024. In addition, a penalty fee of \$12 per NDDH business day with a maximum of \$120 shall be assessed for each day late from April 29<sup>th</sup> through May 10<sup>th</sup> inclusive.

Annual inspections will be conducted throughout the year. Please be aware a re-inspection fee of \$120 will be charged for a failed inspection.

If you have any questions, please feel free to contact us. We look forward to working with you.

Sincerely,  
Melissa Nichols, Finance Manager

## Definitions

**"Catering food service establishment"** means a business that is involved in the (A) sale or distribution of food and drink prepared in bulk in one geographic location for retail service in individual portions in another location, or (B) preparation and service of food in a public or private venue that is not under the ownership or control of the operator of such business;

**"Class 1 food establishment"** means a food establishment that only offers for retail sale (A) prepackaged food that is not time or temperature controlled for safety, (B) commercially processed food that (i) is time or temperature controlled for safety and heated for hot holding, but (ii) is not permitted to be cooled, or (C) food prepared in the establishment that is not time or temperature controlled for safety;

**"Class 2 food establishment"** means a retail food establishment that does not serve a population that is highly susceptible to food-borne illnesses and offers a limited menu of food that is prepared, cooked and served immediately, or that prepares and cooks food that is time or temperature controlled for safety and may require hot or cold holding, but that does not involve cooling;

**"Class 3 food establishment"** means a retail food establishment that (A) does not serve a population that is highly susceptible to food-borne illnesses, and (B) has an extensive menu of foods, many of which are time or temperature controlled for safety and require complex preparation, including, but not limited to, handling of raw ingredients, cooking, cooling and reheating for hot holding;

**"Class 4 food establishment"** means a retail food establishment that serves a population that is highly susceptible to food-borne illnesses, including, but not limited to, preschool students, hospital patients and nursing home patients or residents, or that conducts specialized food processes, including, but not limited to, smoking, curing or reduced oxygen packaging for the purposes of extending the shelf life of the food;

**"Food establishment"** means an operation that (A) stores, prepares, packages, serves, vends directly to the consumer or otherwise provides food for human consumption, including, but not limited to, a restaurant, catering food service establishment, food service establishment, temporary food service establishment, itinerant food vending establishment, market, conveyance used to transport people, institution or food bank, or (B) relinquishes possession of food to a consumer directly, or indirectly through a delivery service, including, but not limited to, home delivery of grocery orders or restaurant takeout orders or a delivery service that is provided by common carriers. "Food establishment" does not include a vending machine, as defined in section 21a-34 of the general statutes, a private residential dwelling in which food is prepared under section 21a-62a of the general statutes or a food manufacturing establishment, as defined in section 21a-151 of the general statutes;

**"Itinerant food vending establishment"** means a vehicle-mounted, self-contained, mobile food establishment; All Itinerant food vending establishments are required to have a hand-washing sink with hot and cold running water under pressure, holding tank, and mechanical refrigeration.

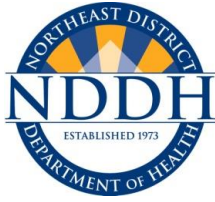
**"Pushcarts"** are limited to the sale of hot dogs and pre-packaged foods only.

**"Multiple class food service establishment"** means any business with departments that are classified as separate food establishments;

**"Noncommercial function"** means a function where food is sold or distributed by a person not regularly engaged in the business of selling such food for profit;

**"Seasonal operation"** means a food establishment that operates six months or less at the same geographic location;

**"Temporary food service establishment"** means a food establishment that operates for a period of not more than fourteen consecutive days in conjunction with a single event or celebration



# NDDH Fee Schedule Effective 07/01/23

Board Approved  
04/13/2023

## Food Service Fees

*Annual Food Service Permits are required for all establishments operating 8 or more days/events per year.*

<i>Establishment</i>	<i>Annual Permit</i>	<i>Plan Review</i>
<b>Class I</b>	\$175.00	\$185.00
<b>Class II</b>	\$325.00	\$185.00
<b>Class III</b>	\$500.00	\$265.00
<b>Class IV</b>	\$665.00	\$280.00
<b>Non-Commercial Function</b> (Civic/Faith-based Organizations, etc.)	\$145.00/per year	
<b>Non-Commercial Function</b> (Senior Nutrition Program/Soup Kitchens, etc.)	\$90.00/per site (Operating 3 or more sites)	
<b>Multiple Class Establishment</b> (Grocery)	\$1,000.00	\$690.00
<b>Catering**</b>	Food Service Permit fees above according to Class <b>plus \$145.00</b>	\$240.00
<b>Itinerant Vendors and Mobile Units**</b>	Food Service Permit fees above according to Class (Annual)	50% of Plan Review fees above according to class
<b>Push Carts**</b>	\$190.00	\$80.00
<b>Seasonal</b> (operates 6 or less months)	50% of Annual Food Service Permit fees above according to class	\$145.00

## Temporary Food Permit Fees

A permit must be issued for every event and every booth

*Temporary Permits are offered for all establishments operating 7 or less days/events per year.*

**Please note: Any application received less than 5 business days prior to the event may be subject to a late fee.**

<i>Length of Event (Day ends at midnight)</i>	<i>For Profit Org</i>	<i>Non-Commercial Function</i>
<b>1 Day</b>	\$60.00	\$20.00
<b>2 Days</b>	\$120.00	\$40.00*
<b>3 Days or more**</b>	\$160.00	\$60.00*
<b>Brooklyn Fair</b>	\$180.00	\$180.00
<b>Woodstock Fair</b>	\$180.00	\$180.00

\*Each for first 4 booths and \$40 for each additional booth

\*\*Excludes Brooklyn & Woodstock Fairs

### **Additional Food Service Fees:**

Administrative Hearing at NDDH	\$325.00
Simple Ownership Transfer Fee	\$ 80.00
Re-Inspection Fee	\$120.00
Failure to maintain Certified Food Protection Manager Certification (formerly QFO)	\$115.00
FAST Class Training Fee per Participant	\$ 60.00
FAST Class Training Fee Volunteer (Non-Commercial at Semi-Annual Session per Participant)	\$ 40.00
Private FAST Class	<i>Contact NDDH for details</i>
Certified Food Protection Manager Course (formerly QFO) – <i>See CFPM Registration Form for details</i>	\$145.00
CFPM Re-test	\$145.00
CFPM Answer Sheet	\$ 58.00
CFPM Proctor (Exam by Appointment Only-minimum 2 hours)	\$ 65.00 per hr
Thermometer Fee	\$ 10.00
Sanitizer Test Strip Fee	\$ 9.00

**A \$40.00 non-refundable processing fee will be charged for all requested refunds and returned checks in addition to applicable bank charges.**



# Northeast District Department of Health

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Brooklyn, CT 06234

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[www.nddh.org](http://www.nddh.org)

[email@nddh.org](mailto: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 \_\_\_\_/\_\_\_\_/\_\_\_\_



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## \*\*\*EMERGENCY CONTACT INFORMATION\*\*\*

*Water Interruption • Power Outage • Fire • Flood • Contamination • Natural and Man-made Disasters*

There are a number of emergencies that can interrupt your establishment. To protect the public, the Northeast District Department of Health (NDDH) must be able to quickly contact decision-makers for your business/organization to provide appropriate guidance. Check our website for regular updates that impact your establishment at <http://www.nddh.org/services/food/>.

NDDH will conduct periodic tests of our Emergency Notification Systems. You may receive messages by phone, text, fax, or email. Please complete the information below, being sure to fill all fields accurately:

**Today's Date:** \_\_\_\_\_

**Business/Org Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

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

**Emergency Contact Name and Title:** \_\_\_\_\_

**24/7 Contact #:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Alternate Emergency Contact Name and Title:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Is water for your business establishment/organization supplied by:**

\_\_\_ Well

\_\_\_ Community Water System

*Businesses with multiple locations: Please complete a separate form for each location.*

**NDDH USE ONLY:**

Updated - EHS Database: \_\_\_\_\_ Excel Data Sheet: \_\_\_\_\_ Initials: \_\_\_\_\_

REVISED 12/16/21