



# EAST SHORE DISTRICT HEALTH DEPARTMENT

Bringing good health to the towns of Branford, East Haven and North Branford

**FOR OFFICE USE ONLY:**

Date: \_\_\_\_\_ Fee: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Paid by: \_\_\_\_\_

## FOOD SERVICE APPLICATION

**NOTE: \*\*\* Late fee assessed at \$15.00 PER DAY for late payment of license renewal and change in ownership .\*\*\*  
All Payments Are Final - NO Refunds**

Name of Establishment: \_\_\_\_\_ Phone \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Location of Establishment: \_\_\_\_\_

Address to send Application & License: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

On-Site Operator/Manager's Name (if different from above) \_\_\_\_\_

Manager Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Food Service Establishment:  Restaurant  Bar/Cafe  Church  Itinerant  Retail  School  
 Caterer  Day Care  Other  Rest Home

Do you offer catering off-site with set-up/service?  Yes  No *\*Note that catering requires a license endorsement*

Seating Capacity: \_\_\_\_\_ Hours and Days of Operation: \_\_\_\_\_

Seasonal establishments - Closed and Open Dates: \_\_\_\_\_

Classification of Food Establishment: Class  1  2  3  4

Name of Certified Food Protection Manager (Classes 2, 3 and 4 only): \_\_\_\_\_

**(Note: Certified Food Protection Manager (CFPM) must sign back of this application)**

Name of Alternate CFPM: \_\_\_\_\_ (required for Class 2,3 & 4 establishments)

Type of Water Supply: (if water supply is a well, include most recent water analysis)

NOTE: For all new establishments, water system registration form must be completed

Public  Private Well

Type of Sewage Disposal: (if on sewage disposal system, include record of most recent septic tank pumping)

Septic System  Public Sewer

Please sign and date where indicated on back.  
Thank you.

- OVER -

- | <u>Included with your Application</u> |                             |
|---------------------------------------|-----------------------------|
| _____                                 | Payment to ESDHD            |
| _____                                 | Copy of Menu                |
| _____                                 | Copy of CFPM documentation  |
| _____                                 | Copy of CFPM Alternate form |
| _____                                 | Well Water Analysis         |
| _____                                 | Septic pump out / grease    |

I certify that I am the owner of the food service establishment or the owner's legal representative. I understand that prior to a change in ownership or in business name a new application for permit must be forwarded to the Health District (**Licenses are not transferable**).

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTICE: FEE FOR REINSPECTION AND SECOND REINSPECTION**

In the event of a reinspection, there will be a fee. If a second reinspection is necessary to verify the correction of health code violations, a reinspection fee, equal to one-half of the annual license fee, will be charged. All fees must be paid prior to reissuance of the food service license. (Section 12, ESDHD Food Service Regulations)

**VERIFICATION OF C.F.P.M. TRAINING**

I certify that, as the CFPM for the above named food establishment, I have trained all food preparation personnel in the areas of factors contributing to foodborne illness: food time/temperature control, food protection, personal health and cleanliness, sanitation of the facility, equipment, supplies and utensils. I further certify that written documentation of this training is available to the local Health Director upon request.

SIGNED: \_\_\_\_\_  
CFPM \_\_\_\_\_ Date \_\_\_\_\_

The Town of Branford Fire Marshall is requesting an annual inspection of all existing Branford FSE's prior to ESDHD license renewal. Please call the Fire Marshall Office at 203-488-7266 to schedule an appointment.

**\*\*For all new/renovated food service establishments (FSE's), or establishments with new owners, the following departments must sign this application prior to licensing your establishment:**

Zoning Department: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Building Department: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

- At the time of inspection, no code violations were identified. Food operator's license recommended.
- At the time of inspection, conditions were discovered to be contrary to the minimum code requirements. An acceptable plan of correction was submitted. Food operator's license recommended.
- At the time of inspection, conditions were discovered to be contrary to minimum code requirements. No approved plan of correction was submitted. Annual food operator's license not recommended.

Fire Department: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

- At the time of inspection, no code violations were identified. Food operator's license recommended.
- At the time of inspection, conditions were discovered to be contrary to the minimum code requirements. An acceptable plan of correction was submitted. Food operator's license recommended.
- At the time of inspection, conditions were discovered to be contrary to minimum code requirements. No approved plan of correction was submitted. Annual food operator's license not recommended.

For All Class III and IV FSE's on public sanitary sewer, ANY new, renovated, or change of ownership establishment must have this application signed by the WPCA designee. Class II FSE's may be subject to WPCA requirements.

WPCA Designee: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

ESDHD \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_