

# CHESPROCOTT HEALTH DISTRICT

1247 HIGHLAND AVENUE, CHESHIRE, CT 06410

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## APPLICATION FOR FOOD SERVICE LICENSE FY2011 ONE FORM FOR EACH ESTABLISHMENT

COMPLETE ALL SECTIONS OF THIS APPLICATION

FAILURE TO DO SO WILL DELAY THE ISSUING OF THE LICENSE

RETURN WITH PAYMENT OF \$ \_\_\_\_\_ OR TAX EXEMPT # \_\_\_\_\_

NAME OF ESTABLISHMENT \_\_\_\_\_

Category \_\_\_\_\_

STREET / TOWN / ZIP \_\_\_\_\_

Class \_\_\_\_\_

\_\_\_\_\_ New Establishment

\_\_\_\_\_ Annual Renewal

\_\_\_\_\_ Change of Owner

\_\_\_\_\_ Number of Seats (Including Bar Seats)

\_\_\_\_\_ Catering Also

< **PLEASE PRINT** >

Mailing Address, if different from above \_\_\_\_\_

Business phone \_\_\_\_\_

Business Fax Number \_\_\_\_\_

Manager's Home phone \_\_\_\_\_

Manager's Cell Phone \_\_\_\_\_

Name and Address of Owner(s)(Include Street, City, State & Zip)

\_\_\_\_\_  
\_\_\_\_\_

Name and address of Manager, if different from above

\_\_\_\_\_  
\_\_\_\_\_

Name(s) of Qualified Food Operator(s) {QFO}, if applicable

\_\_\_\_\_  
\_\_\_\_\_

Name and address of landlord

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF FOOD SERVICE OWNER \_\_\_\_\_ DATE \_\_\_\_\_