



Housatonic Valley Health District Food Service License Application

Attached is the Food Service License Application for the Housatonic Valley Health District.. The Food Service License must be renewed annually. The fee is based on the food service classification of the establishment. **All the information must be provided or the application will not be approved.** Please use the checklist below to ensure that your license application is processed without any delays.

ITEMS TO BE SUBMITTED

- Completed Application
- Copy of 2 Certified Food Protection Manager Certificates
 - All shift managers must submit a Food Protection Manager Certificate
 - Applies only to Class 2, 3, and 4 establishments
- Current menu
- Proof of non-profit status, if applicable
- Copy of most recent well water quality test results, if facility is not on Aquarion
 - All new establishments must submit a well water report from the past 30 days.
- Most recent septic and/or grease trap pumping records
- Signed and dated check or money order made payable to: Housatonic Valley Health District.

Food Service establishments that have outstanding re-inspection fees, or unpaid license fees from previous years, will not be granted a Food Service License. These delinquent fees, as well as any personal property taxes must be paid before a license can be issued. Tax questions are to be directed to the Tax Collector.

Please mail the completed application with the correct fee and all necessary documentation to:

Housatonic Valley Health District
10 Main Street
New Milford, CT 06776

Housatonic Valley Health District
77 Main Street N. Suite# 205
Southbury, CT 06488



Housatonic Valley Health District Application for Food Service License

Select One: Renewal Change of Ownership New Establishment
Send all paperwork to: Establishment Owner/Chief Officer

Name of Establishment (DBA): _____
Legal/Corporate Name (if different): _____
Address of Establishment: _____
Town: _____ ZipCode: _____
Business Phone# _____ Owner/Emergency Phone# _____
Email address: _____

Owner/Chief Officer Name: _____
Owner/CO Address: _____

Name of Certified Protection Manager:

***** A copy of the unexpired certification for all food protection managers must be submitted with the application*****

***** CPM must be a full time staff*****

Water Supply type: Public Water Private Well

*** If on private well, attach most recent quarterly water test results***

Sewage Disposal type: Public Sewer Private Septic System

Grease Trap:

None AGR Unit Outdoor in-ground Rendering Container

Select Establishment License Category:

Restaurant School Supermarket Bakery
 Religious Organization Bar/Cafe Catering Facility Convenience
 Deli Day Care Health Care/Residential Facility
 Other; _____

Seat Capacity Inside: _____ **Seat Capacity Outside:** _____

Indicate Any Special Processes Undertaken in Facility:

- Acidification of Sushi Rice
- Smoking Meats/Chicken/Fish
- Drying
- Reduced Oxygen Packaging/Vacuum Sealing (Including Sous Vide)
- Sprout Seeds In-House
- Curing (Salting, Brining, etc.)
- Fermentation of Sausages
- Processing/Packaging Fresh Juice
- Live Shellfish Tanks
- Food additives to Make Self-Stable
- None

Food Establishment Classification:

- Class 1: Class 2: Class 3: Class 4:
- Non-profit (**Proof of non-profit status must be submitted with all applications**)

I declare that I will maintain my food service establishment in compliance with the regulations set forth by the State of Connecticut and the Housatonic Valley Health District. I understand that failure to do so may result in suspension of my license to operate.

Print Name _____ Date _____

X _____ Signature of Owner/Manager

THE HEALTH DISTRICT MUST BE NOTIFIED OF ANY TRANSFER OR CHANGE OF OWNERSHIP OR BUSINESS CLOSING WITHIN TWO (2) BUSINESS DAYS OF SUCH CHANGE.

ALL APPLICATION FEES ARE NON-REFUNDABLE

OFFICIAL USE ONLY

FEE:	\$	DATE LICENSED:		CLASSIFICATION
CHECK:		LICENSE EXPIRATION:		
APPROVAL:				

