



## Housatonic Valley Health District Food Service License Application

Attached is the Food Service License Application for the Housatonic Valley Health District. This license is to be renewed annually. License fee is based on the food service classification of the establishment.

**All information must be provided, or the application will not be approved.**

*Please use the checklist below to ensure that your application is processed without any delays.*

Class 1:	\$325.00
Class 2:	\$460.00
Class 3/4 (0-50 seats):	\$565.00
Class 3/4 (51-100 seats):	\$615.00
Class 3/4 (101 + seats):	\$645.00
Supermarket (Over 5000 square feet):	\$660.00
Public Schools & Non-profits:	No Fee
Late fee:	\$100.00
Reinspection fee:	\$100.00

### **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 to Class 2, 3, and 4 establishments
- Current menu
- Copy of most recent well water quality test results, if facility is not on public water
- Most recent septic and/or grease trap pumping records
- Pest Management details
- Outstanding fees, including unpaid property taxes  
*\*Tax questions may be directed to the Tax Collector in the town of the establishment.*
- Washington establishments must submit a signed release from the tax collector
- Proof of non-profit status, if applicable
- Payment in full via check made payable to HVHD or with our link to online payment

**\*Food Service establishments that have outstanding re-inspection fees, unpaid license fees from previous years, or delinquent property taxes will not be issued a Food Service License.**

Applications can be completed online at [hvhdct.gov](http://hvhdct.gov), by emailing the completed application to [eh@hvhdct.gov](mailto:eh@hvhdct.gov) or by mailing or dropping off the completed application and payment to the Southbury office at:

HVHD  
77 Main Street North Ste. 205  
Southbury, CT 06488

Questions may be directed to [eh@hvhdct.gov](mailto:eh@hvhdct.gov) or 203-264-9616

**Housatonic Valley Health District  
Application for Food Service License**

**\*ALL Information must be complete\***

**Select one:**     Renewal     Change of Ownership     New Establishment

**Send completed license to:**     Establishment     Owner/Operator

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

Legal/Corporate Name (if different): \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone# \_\_\_\_\_ Owner/Emergency Phone# \_\_\_\_\_

Email address: \_\_\_\_\_

Owner/Operator Name: \_\_\_\_\_

Owner/Operator Address: \_\_\_\_\_

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**Food Establishment Classification:**

Class 1     Class 2     Class 3     Class 4

**Seat Capacity Inside:** \_\_\_\_\_ **Seat Capacity Outside:** \_\_\_\_\_

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**Name(s) of Certified Food Protection Manager - Must be full time staff:**

\_\_\_\_\_  
\*A copy of the unexpired certification is attached

**Water Supply type:**     Public Water     Private Well

\*If on private well, a copy of most recent water report must be attached

**Sewage Disposal type:**     Public Sewer     Private Septic System

\*If on septic, a copy of the most recent septic pumping must be attached

**Grease Trap:**

None     AGR Unit     Outdoor in-ground     Rendering Container

\*A copy of the most recent grease trap pumping record must be attached

**Outdoor Garbage Disposal/Dumpster is located on:**

Concrete     Asphalt     Other smooth, durable, cleanable surface

**Pest Management Information (company used and frequency):**

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**Select Establishment License Category:**

- Restaurant                       School                       Supermarket                       Bakery
- Religious Organization                       Bar/Cafe                       Catering Facility                       Convenience
- Deli                       Day Care                       Health Care/Residential Facility
- Other: \_\_\_\_\_

**Indicate Any Special Processes Undertaken in Facility:**

- Acidification of Sushi Rice                       Fermentation of Sausages
  - Smoking Meats/Chicken/Fish                       Processing/Packaging Fresh Juice
  - Drying                       Live Shellfish Tanks
  - Reduced Oxygen Packaging/Vacuum Sealing (Including Sous Vide)
  - Sprout Seeds In-House                       Food additives to Make Shelf-Stable
  - Curing (Salting, Brining, etc.)                       None
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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, including those in the current FDA Food Code. I understand that failure to do so could result in reinspection fees and/or suspension of my license to operate.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Owner/Manager \_\_\_\_\_

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

**\*ALL APPLICATION FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE\***

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**OFFICE USE ONLY**

Approval: \_\_\_\_\_ Date Licensed: \_\_\_\_\_ Classification: \_\_\_\_\_

**FOR DISTRICT USE ONLY:**

<input type="checkbox"/> Credit Card <input type="checkbox"/> Check# _____	Date Paid _____	\$ Amount _____	Rec'd by _____
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**Comments:**

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

Missing Documents: