



## 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 only 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
- Outstanding fees, including unpaid property taxes and a signed property tax paid form  
*\*Tax questions may be directed to the Tax Collector in the town of the establishment.*
- Proof of non-profit status, if applicable
- Payment in full; checks to be made payable to HVHD

**\*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.**

Questions may be directed to [eht@hvhdct.gov](mailto:eht@hvhdct.gov)

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

*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 completed license to:  Establishment  Owner/Operator

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

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

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

Town: \_\_\_\_\_ ZipCode: \_\_\_\_\_

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

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

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

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

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

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:**

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

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**Food Establishment Classification:**

- Class 1     Class 2     Class 3     Class 4
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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. I understand that failure to do so may result in 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**

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**OFFICIAL USE ONLY**

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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**

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