Housatonic Valley Health District
Food Service License Application

ALL APPLICATION FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE
Applications can be emailed to eht@hvhdct.gov and an email will be sent to you with payment options OR mail the completed application with check to our office. You may also visit our offices to complete applications and make payment.

Attached is the Food Service License Application for the Housatonic Valley Health District. This license expires September 1st and must be renewed annually. License fee is based on the food service classification and seating capacity of the establishment.
ALL information must be provided, or the application will not be approved. We no longer accept outdated applications so please be sure to complete this application.

Class 1: $332.00
Class 2: $470.00
Class 3/4 (0-50 seats): $577.00
Class 3/4 (51-100 seats): $628.00
Class 3/4 (101 + seats): $658.00
Supermarket (Over 5000 square feet): $674.00
Public Schools & Non-profits: No Fee
Late fee: $102.00
Reinspection fee: $102.00
***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**.

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 private well water quality test results; not needed if facility is 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; can be via check or money order made payable to HVHD or we will email you a payment link

Mailed applications shall be sent with check payable to HVHD to:
HVHD
77 Main Street North, Suite 205
Southbury, CT 06488

Questions can be emailed to eht@hvhdct.gov

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Establishment Name: _____

Establishment Address: _____
Street Town Zip Code

FSE Classification	☐ Class 1	☐ Class 2	☐ Class 3	☐ Class 4

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

Owner Name: _____
Mailing Address: _____
Email **AND** Phone #: _____
☐ Check here if this is the mailing address

Applicant/Operator Name: _____
Email **AND** Phone #: _____

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 or sewer compliance record must be attached

Outdoor Garbage Disposal/Dumpster is located on: ☐ Concrete ☐ Asphalt ☐ Other smooth, cleanable surface

Pest Management Information (company used and frequency):

_____

Select Establishment License Category:

☐ Restaurant	☐ Deli	☐ Bakery	☐ Bar/Cafe
☐ School	☐ Health Care or Residential	☐ Day Care	☐ Religious Organization
☐ Supermarket	☐ Convenience	☐ Catering 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

***A copy of the approved variance from CT DPH is attached ☐**

Application is not complete without signature and acknowledgments on Page 2

Please provide the name and contact information for any additional vendors or businesses that use your kitchen for any reason. To include but not limited to rental or provided space of refrigerators, freezers, shelf space; use of sinks, stoves, etc.

_____

_____

_____

****Initial here if you DO NOT rent/provide space to any other vendors or businesses** _____

By initialing here _____, I acknowledge awareness of HVHD's use of the FDA Food Code for routine inspections, including proper training records, as well as required signage for customers and employees. I understand that inspection violations may require a follow up reinspection, which will incur a $100 fee.

By initialing here _____, I acknowledge and agree that my food service establishment will immediately cease food service operations in the event of a water main break or other interruption that results in the loss of an adequate potable water supply, unless otherwise authorized by the Housatonic Valley Health District. I understand that failure to cease operations as required may result in enforcement action, including the assessment of significant monetary penalties.

By initialing here _____, I confirm that I have signed up for emergency alerts through my town and my utility providers, including but not limited to, Eversource: https://www.eversource.com/residential/outages/outage-alerts, Aquarion: https://member.everbridge.net/482552460607543/login and/or CT Water: https://member.everbridge.net/453003085617610/new

By my signature below, 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. Approval will indicate compliance with CT DPH Requirements; any other permits required by Zoning, Fire Marshall, Building Officials or others, are not ensured by this application's approval.

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.

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Signature: _____ **Date:** _____

Completed applications must be signed by establishment owner or duly authorized representative

FOR DISTRICT USE ONLY

Credit Card/Check_____	Date Paid: _____	Amount: _____	Rec'd by: _____

Approved: ☐ Date: _____

Comments: _____

_____

_____