



BRISTOL-BURLINGTON HEALTH DISTRICT
 240 Stafford Avenue, Bristol, Connecticut 06010-4617
 Tel. (860) 584-7682 • Fax (860) 584-3814

APPLICATION FOR FOOD LICENSE

July 1, 2016 – June 30, 2017

License No. _____

Establishment Name: _____ Phone Number: _____

Establishment Address: _____

Establishment Fax Number: _____ Establishment Email: _____

Mailing Address (if different): _____

Name of Owner: _____ Home Phone: _____

Home Address: _____ Cell Phone: _____

Email Address: _____

Name of Manager: _____ Home Phone: _____

Home Address: _____ Cell Phone: _____

Email Address: _____

Food Service Classification: _____ Itinerant Food Service Classification: _____

Name of Qualified Food Operator (if applicable): _____ Phone Number: _____

Hours of Operation

Name of Alternate (if applicable): _____ Phone Number: _____

***Please attach copies of QFO and Alternate Certificates to application - (Required for Class 3 and 4 Establishments)**

Water Supply: Public Water _____ Private Well _____ Date of Last Water Sample _____

******NOTE: Include water test along with application if private well being used.**

Sewage Disposal (check all that apply): Public Sewers _____ AGR Unit _____
 Septic System _____ Date of last pumping _____ (Please Enclose a Copy of Your Last Bill)

Applicant Signature: _____ Date: _____

THE FEE OF _____ MUST BE PAID WHEN FILING APPLICATION.

Application Date: _____ Fee Paid: _____ Payment Type: _____