



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, 2017 – June 30, 2018

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 «Fee» MUST BE PAID WHEN FILING APPLICATION.

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