



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

FOOD SERVICE ESTABLISHMENT PLAN REVIEW APPLICATION

Date _____ Fee Paid _____ New Business _____ Existing Business New Owner _____

NAME OF FOOD ESTABLISHMENT _____

ESTABLISHMENT ADDRESS _____

ESTABLISHMENT PHONE # _____ FAX# _____

EMAIL _____ After Hours emergency # _____

MAILING ADDRESS (if different) _____

NAME Of OWNER _____ PHONE: _____

ADDRESS OF OWNER: _____

PUBLIC SEWERS OR ON SITE SEPTIC SYSTEM _____

WATER SOURCE PUBLIC _____ NON COMMUNITY _____ WELL _____

of SEATS _____ # of EMPLOYEES _____

FOLLOWING INFORMATION MUST BE SUBMITTED WITH APPPLICATION

- 1) PLAN REVIEW FEE
- 2) PROPOSED MENU
- 3) Name(s) of CERTIFIED FOOD OPERATOR _____
- 4) EQUIPMENT SCHEDULE with manufacturer's specifications (cut sheets) for each piece equipment
- 5) Plans drawn to scale showing layout of the establishment identifying the type and location of equipment, plumbing fixtures, mechanical ventilation description of type and color of floor wall and ceiling finishes
- 6) Applicant must contact BUILDING, LAND USE , FIRE, WPC and Zoning Departments when applicable
- 7) New construction will require submission of site plans

Signed _____ Date signed _____

Print name _____ Title _____