



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



APPLICATION FOR FOOD LICENSE

July 1– June 30

License No. _____

Establishment Name: _____ **Phone #** _____

Establishment Address: _____

Please provide an email address and/or fax number that can be used to communicate with the establishment. Emergency Notifications will be sent via email or fax only

Establishment Fax # _____ **Email:** _____

Mailing Address (if different): _____

Name of Owner: _____ **Email:** _____

Home Address: _____ **Cell Phone:** _____

Manager or Designated person in charge: _____ **Cell Phone:** _____

Mailing Address: _____

Email: _____

Certified Food Protection Manager (CFPM): _____ **Phone #** _____

Please submit copies of CFPM with application

Food Service Classification: _____ **Itinerant Food Service Classification:** _____

Hours of Operation: _____

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

**** Submit water quality report with application*

Sewage Disposal (check all that apply): Public Sewers _____ **AGR Unit** _____

Septic System _____ **Date of last pumping** _____ *(Include receipt verifying date of last tank pumping)*

Applicant Signature: _____ **Date:** _____

The FDA Food Code will soon be adopted as the regulation for all retail food establishments in Connecticut. This will result in a variety of changes for the food establishments in CT. Please make every effort to provide your staff with the FDA code and appropriate training for compliance. The food code is available on the FDA website at:

<https://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm595139.htm>

THE FEE OF _____ **MUST BE PAID WHEN FILING APPLICATION.**

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