



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 #** _____

Address: _____ **Fax #** _____

Email: _____

Please provide an email and or fax number that can be used to communicate with the establishment. Public Health Alerts and Emergencies will be sent electronically only

Mailing Address _____ **Email** _____

(If Different)

Name of Owner _____	Phone _____
Mailing Address _____	Email _____
Name of Manager _____	Phone _____
Mailing Address _____	Email _____

Certified Food Protection Manager* _____	Phone _____
Person in Charge _____	Phone _____
Food Service Classification: Class I ~ Class II ~ Class III ~ Class IV ~ Itinerant: Class A ~ Class B ~	
*Enclose copy of CFPM Certificate	Hours of Operation _____

Water Source: ~ Public Water
~ Well Water Date of last water sample _____ (Enclose copy current water report)
Waste Disposal ~ Public Sewer
~ Septic System Date of last pumping _____ (Enclose copy of your last bill)

Applicant Signature: _____ **Date:** _____

The 2017 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 2017 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

For official use only- Do not write below this line

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