



Public Health
Prevent. Promote. Protect.



BRISTOL-BURLINGTON HEALTH DISTRICT

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

Healthy People



Healthy Communities

CATERING PERMIT APPLICATION

Use this application if you or your employees sell or distribute food and/or drink prepared in bulk in one (1) geographic location for service in individual portions at another geographic location or if you or your employees prepare and serve food on public or private premises not under the ownership or control of the catering business.

Application Date: _____ Check one: New Business Renewal New Owner of Existing Business

Name of business: _____ Business phone #: _____

Email: _____ FAX # _____ After- Hour Emergency Phone _____

Address of food operation: _____ Town: _____

Mailing address (if different)

Business owners name(s) _____

Home address(s): _____ Phone # _____

Property owner's name / phone # (if different): _____

Submit the following with this application:

- Accurate floor plan showing the layout of the food preparation and service areas, identifying the type and location of all pertinent equipment, plumbing fixtures, mechanical ventilation and a description of the type and color of flooring and wall coverings.
- For new building construction: provide a site plan of the property, showing location of all buildings, water and sewer service pipes, any outside equipment, dumpsters, water supply wells, septic system, grease interceptors, etc.
- Equipment schedule: An accurate list of the equipment proposed for use with the manufacturer's specifications (cut sheets).
- Plan review fee of \$200.00. Cash or check payable to Bristol Burlington Health District (BBHD).
- Proposed menu or food items you plan to offer or sell.
- Additional plans may be required for: Planning, Zoning, Fire, Police, Building, Engineering, WPC and Water /Sewer

Source of water at food preparation site: Public supply Well water Sewers: Public Sewers Septic system

Will food and/or food equipment be transported from one location to another location: Yes No. If yes, describe the vehicle, equipment and methods you will use to store and monitor the hot and/or cold foods and any equipment during transport:

By signing below, you attest that the information you provided above is true and accurate to the best of your knowledge. You understand that this Health District must approve any changes to the menu, equipment or kitchen layout prior to its implementation. You agree to comply with all federal, state and local laws, regulations and ordinances and clearly understand that the Catering Permit issued by this Health District may be suspended or revoked at any time.

Signed: _____ Date signed: _____

Print Name: _____ Title: _____

FOR OFFICE USE ONLY

Plan Review fee paid: \$ _____ Date paid: Classification: _____ Permit fee paid: \$ _____ Date paid: _____

Notes: _____