



# TOWN OF EAST HARTFORD HEALTH DEPARTMENT

740 MAIN STREET EAST HARTFORD, CT 06108

PHONE: 860-291-7324 FAX 860-291-7326

\_\_\_\_ Paid fee  
\_\_\_\_ Non-profit  
\_\_\_\_ Date  
\_\_\_\_ Initials  
\_\_\_\_ receipt #

## APPLICATION TO OPERATE A FOOD SERVICE ESTABLISHMENT

Trade Name of Business \_\_\_\_\_ Date \_\_\_\_\_

Address of Business \_\_\_\_\_ Telephone # \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Telephone # \_\_\_\_\_

Address of Applicant \_\_\_\_\_

If incorporated- Name & Address of officer upon whom service is to be made:

Name of person appointed by the applicant in writing as Manager, on premises, and vested with full authority and control of said premises and permit business if different than applicant.

Name:

Address:

Type of License (circle one): Grocery      Grocery/Prep      Restaurant      Catering      Itinerant

Size of facility: \_\_\_\_\_ square feet **OR** Number of seats \_\_\_\_\_

Facility classification based on CT Public Health Code 19-13-B42(s)(3): \_\_\_\_\_

Name of Qualified Food Operator (QFO) if Class III or Class IV: \_\_\_\_\_

It is agreed that this Food Service Operation will at all times be operated in entire compliance in terms of the Ordinance regarding Food and Food Establishments in the Town of East Hartford and the Public Health Code of the State of Connecticut, the Statutes of the State of Connecticut and orders of the Director of Health or his duly authorized representative regarding matters concerned with public health.

Signature of Applicant \_\_\_\_\_

STATE OF CONNECTICUT:

COUNTY OF HARTFORD:

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\_\_\_\_\_ personally appeared before me and made oath to truth of the statements contained and the information given herein.