

AVON  
BARKHAMSTED  
CANTON  
COLEBROOK  
EAST GRANBY  
FARMINGTON  
GRANBY  
HARTLAND  
NEW HARTFORD  
SIMSBURY

# FVHD FARMINGTON VALLEY HEALTH DISTRICT

50 AVON MEADOW LANE PO BOX 529 AVON, CONNECTICUT 06001 TELEPHONE (860) 676-1953 FAX (860) 676-2131

**PLEASE TYPE OR PRINT CLEARLY**

Business Name \_\_\_\_\_ Local Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_ Fax # \_\_\_\_\_  
*Town & Zip Code*

Mailing Address (If different): \_\_\_\_\_ Email Address \_\_\_\_\_



1. Name of Owner/Primary contact \_\_\_\_\_ Home Phone \_\_\_\_\_

Address for Official Correspondence \_\_\_\_\_

**If there is more than one owner, please provide contact information:**

Name of Owner #2 \_\_\_\_\_ Home Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

2. Qualified Food Operator (QFO) name: \_\_\_\_\_

Designated Alternate name: \_\_\_\_\_

3. Building served by:  Public Sewer

Septic system - Date of last pumping: \_\_\_\_\_ *(Please enclose copy of last bill)*

Public water

Well – Date of last analysis: \_\_\_\_\_ *(Please enclose copy of current report)*

Seating Capacity of Establishment: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Days of Operation \_\_\_\_\_

**4. I attest that the above information is correct**

SIGNATURE OF OWNER/MANAGER

DATE



FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE

Date of Inspection: \_\_\_\_\_ Score: \_\_\_\_\_ Rating: \_\_\_\_\_ Fee: \_\_\_\_\_  
QFO \_\_\_\_\_ Testing Org: \_\_\_\_\_ Class: \_\_\_\_\_

Designated Alternate: \_\_\_\_\_ Testing Org: \_\_\_\_\_

Initial Permit Exp. Date: \_\_\_\_\_ Annual Permit Issue Date: \_\_\_\_\_

Application reviewed and approved by: \_\_\_\_\_