



TORRINGTON AREA HEALTH DISTRICT

350 Main Street ♦ Suite A ♦ Torrington, Connecticut 06790

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"Promoting Health & Preventing Disease Since 1967"

Plan Review Fee _____
PAID YES NO NA

License Fee _____
PAID YES NO NA

(Returned Check Fee \$25)

APPLICATION FOR SCHOOL FOOD & BEVERAGE LICENSE

License Renewal Operational Change Change of Ownership New Business

PLEASE PRINT:

NAME OF BUSINESS _____ NUMBER OF SEATS _____

STREET ADDRESS _____ TOWN _____ ZIP CODE _____

ESTABLISHMENT PHONE # _____ FAX # _____

Please Indicate Business Mailing Address If Different From Above:

MAIL TO _____ STREET ADDRESS _____

TOWN _____ STATE _____ ZIP CODE _____ PHONE _____ FAX _____

NAME OF MANAGER _____ PHONE _____

STREET ADDRESS _____ TOWN _____

STATE _____ ZIP CODE _____

CHECK APPROPRIATE INFORMATION FOR THE THREE CATEGORIES BELOW:

1. WATER SUPPLY

- Public Water
 Well Water

2. SEWAGE DISPOSAL

- Public Sewers
 Septic System

3. GREASE DISPOSAL

- In-door Grease Trap
 In-Ground Grease Trap
 Grease Rendering Container

Note: The CT State Department of Public Health – Water Supplies Section regulates well water supplies for food service operations. Compliance with requirements is required prior to issuance of a Food Service License.

TYPE of FOOD SERVICE OPERATION

- SCHOOL – closed for the summer
 SCHOOL – operates throughout
summer months

PLEASE CHECK APPROPRIATE MENU CLASSIFICATION:

- CLASS 1 – Commercially prepackaged foods and/or hot or cold beverages only.
 CLASS 2 – Cold ready to eat commercially processed food and/or hot/cold beverages.
 CLASS 3 – Preparation of hot food items that are consumed within 4 hours of preparation.
 CLASS 4 – Preparation of hot food items that are held for more than 4 hours prior to

All Class 3 & Class 4 establishments must have a Certified Qualified Food Operator (QFO) in a full time supervisory position. The certification must be accredited from a state approved testing agency for Connecticut. The T.A.H.D. must have a copy of the certificate for the establishment file.

NAME OF QUALIFIED FOOD OPERATOR _____ PHONE # _____

DESIGNATED ALTERNATE QFO – with approved training _____

APPLICANT'S SIGNATURE

DATE