Courtesy of: Arthur H. Howland & Associates, P.C., Civil Engineers, Land Surveyors, Soil Scientists & Land Use Permitting! Call Us! (860) 354-9346 or visit http://ahhowland.com For More Info! (This Text Will Not Print When You Print Document)
Plan Review Fee PAID PRINGTON AREA HEALTH DISTRICT
Plan Review Fee PAID PRINCE NO NA

License Fee PAID □ YES □ NO □ NA

(Returned Check Fee \$25)

350 Main Street ♦ Suite A ♦ Torrington, Connecticut 06790 Phone (860) 489-0436 ♦ Fax (860) 496-8243 ♦ E-mail <u>info@tahd.org</u> ♦ Web Address www.tahd.org

"Promoting Health & Preventing Disease Since 1967"

APPLICATION FOR FOOD & BEVERAGE LICENSE

☐ License Renewal PLEASE PRINT: NAME OF BUSINESS	□ Operationa	C	□ Change of Ownership NUM	□ New Business BER OF SEATS
STREET ADDRESS	TO		/N	ZIP CODE
ESTABLISHMENT PHONE #			FAX #	
Please Indicate Business Mailing Ad				
MAIL TO			STREET ADDRESS	
TOWNS	TATEZIP	CODE	PHONE	FAX
NAME OF MANAGER / OWNER	PHONE			
STREET ADDRESS	TOWN			
STATE	ZIP CODE			
TYPE OF OPERATION	CHECK APPROPRIATE INFORMATION FOR THE THREE CATEGORIES BELOW:			
□ BED & BREAKFAST □ BAKERY / ICECREAM □ CAFE □ CAMPGROUND □ CATERING OPERATION □ DAYCARE □ DELI / CONVENIENCE □ ELDERLY NUTRITION □ HEALTHCARE INSTITUTION □ GROCERY STORE □ MUNICIPAL FACILITY □ PRIVATE CLUB □ RESTAURANT □ SEASONAL □ SOUP KITCHEN	Note regul requi	ates well water s rements is requir ASE CHECK AI ASS 1 – Commerca ASS 2 – Cold reac ASS 3 – Preparati	2. SEWAGE DISPOSAL Public Sewers Septic System Department of Public Health upplies for food service operations of a Food Seption of a Food Seption of a Food Seption of hot food items which are control on of hot food items which are held	☐ In-door Grease Trap ☐ In-Ground Grease Trap ☐ Grease Rendering Container — Water Supplies Section ons. Compliance with ervice License. FICATION: t or cold beverages only. ood and/or hot/cold beverages. sumed within 4 hours.
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 OPERATORPHONE #				
APPLICANT'S SIG	NATURE			DATE