



New Milford Health Department

10 Main Street
New Milford, CT 06776
(860) 355-6035 Fax (860) 210-2664

Food Service Establishment License Application

Name of Establishment: _____

Location of Establishment: _____

Phone: _____ 24 hr. Emergency Phone: _____

Fax: _____ Email: _____

Hours & Days of Operation: _____

Type of Establishment:

- | | |
|---|--|
| <input type="checkbox"/> Restaurant/Bar/Cafeteria: Seating: _____ | <input type="checkbox"/> Itinerant Vendor: Plate # _____ |
| <input type="checkbox"/> Market/Deli/Take-out | <input type="checkbox"/> Municipal or State Owned |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Civic or Non Profit |

Owner or Operator: _____

Mailing Address: _____
(if different from above) _____

Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

Check All Applicable Boxes

Water Source:

- Public (Aquarion) Private Well (please provide water test)

Sewage Disposal:

- Municipal Sewer System Septic System (please provide most recent pumping records)

Grease Trap:

- Internal External (please provide most recent pumping records)

Please include a menu or list the food items to be served on the reverse side or on a separate sheet.

Pursuant to the Code of Ordinances of the town of New Milford and the Connecticut Public Health Code, application is hereby made for a license to operate a food establishment in the Town of New Milford. The undersigned hereby agrees to comply with the provisions of these ordinances and regulations. **Licenses are not transferable.**

X Signature of Applicant: _____ Date: _____

Recall Contact Information: If there is a recall of a food item, this is how we will contact you.

First Name: _____ Last Name: _____
 Phone: _____ Fax: _____
 Email: _____

For Class III and Class IV establishments:

 Name(s) of Qualified Food Operator (please provide documentation)

 Name(s) of Designated Alternate Food Operator (please provide documentation)

Menu:

Health Department Use:

| | | |
|---|---|---|
| Class: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV | Date Licensed: | Date Expires: |
| Date Payment Received: | Amount Paid: | <input type="checkbox"/> Check <input type="checkbox"/> Cash |
| Opening Inspection: | Score: | Check off list: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Grease Trap Sign off | DPH Private Well Approval <input type="checkbox"/> Yes <input type="checkbox"/> Not Needed | Menu Received <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Grease Trap Pumping | <input type="checkbox"/> Septic Pumping | <input type="checkbox"/> Water Test |
| QFO/Designated Alternate <input type="checkbox"/> Received <input type="checkbox"/> Not Needed | <input type="checkbox"/> Non-Profit | License Mailed: |