



TOWN OF NEW MILFORD

Department of Health

10 Main Street
New Milford, CT 06776

FOOD SERVICE LICENSE APPLICATION

Attached is the Food Service License Application for the New Milford Department of Health. The Food Service License must be renewed annually. The fee is based on the food service classification of the establishment. The fee schedule is attached.

All the information must be provided or the application will not be approved. Please use the checklist below to ensure that your license application is processed without any delays.

ITEMS TO BE SUBMITTED

- Completed Application
- Copy of 2 Certified Food Protection Manager Certificates
 - All shift managers must submit a Food Protection Manager Certificate
 - Applies only to Class 2, 3, and 4 establishments
- Current menu
- Proof of non-profit status, if applicable
- Copy of most recent well water quality test results, if facility is not on Aquarion
 - All new establishments must submit a well water report from the past 30 days.
- Most recent septic and/or grease trap pumping records
- Signed and dated check or money order made payable to: Town of New Milford

Food Service establishments that have outstanding re-inspection fees, or unpaid license fees from previous years, will not be granted a Food Service License. These delinquent fees, as well as any personal property taxes must be paid before a license can be issued. Tax questions are to be directed to the Tax Collector at (860) 355-6085 or in person (Town Hall-Ground Floor).

Please mail the completed application with the correct fee and all necessary documentation to:

New Milford Department of Health

10 Main Street
New Milford, CT 06776



TOWN OF NEW MILFORD

Department of Health

10 Main Street
New Milford, CT 06776

SCHEDULE OF FEES

LICENSE TYPE	FEE
Class 1	\$125.00
Class 2	\$125.00
Class 3	\$250.00
Class 4	\$250.00
Non-Profit	No Fee
Re-Inspection Fee	\$100.00



TOWN OF NEW MILFORD

Department of Health

10 Main Street
New Milford, CT 06776

Application for Food Service License

Select One: Renewal Change of Ownership New Establishment

Send all paperwork to: Establishment Owner/Chief Officer

Name of Establishment (DBA): _____

Legal/Corporate Name (if different): _____

Address of Establishment: _____

Business Phone# _____ Owner/Emergency Phone# _____

Email address: _____

Owner/Chief Officer Name: _____

Owner/CO Address: _____

Name of Certified Protection Manager:

***** A copy of the unexpired certification for all food protection managers must be submitted with the application*****

Water Supply type: Public Water Private Well

*** If on private well, attach most recent quarterly water test results***

Sewage Disposal type: Public Sewer Private Septic System

Grease Trap:

None AGR Unit Outdoor in-ground Rendering Container

Select Establishment License Category:

- Restaurant School Supermarket Bakery
 Religious Organization Bar/Cafe Catering Facility Convenience
 Deli Day Care Health Care/Residential Facility
 Other; _____

Indicate Any Special Processes Undertaken in Facility:

- Acidification of Sushi Rice
- Smoking Meats/Chicken/Fish
- Drying
- Reduced Oxygen Packaging/Vacuum Sealing (Including Sous Vide)
- Sprout Seeds In-House
- Curing (Salting, Brining, etc.)
- Fermentation of Sausages
- Processing/Packaging Fresh Juice
- Live Shellfish Tanks
- Food additives to Make Self-Stable
- None

License fee based on establishment classification:

- Class 1: \$125.00
- Class 2: \$125.00
- Class 3: \$250.00
- Class 4: \$250.00
- Non-profit (**Proof of non-profit status must be submitted with all applications**)

Note: Annual renewal applications must be submitted before the due date of September 30, 2021.

I declare that I will maintain my food service establishment in compliance with the regulations set forth by the State of Connecticut and the Town of New Milford. I understand that failure to do so may result in suspension of my license to operate.

X _____ Signature of Owner/Manager

THE HEALTH DEPARTMENT MUST BE NOTIFIED OF ANY TRANSFER OR CHANGE OF OWNERSHIP OR BUSINESS CLOSING WITHIN TWO (2) BUSINESS DAYS OF SUCH CHANGE.

OFFICIAL USE ONLY

FEE:	\$	DATE LICENSED:		CLASSIFICATION
CHECK:		LICENSE EXPIRATION:		
APPROVAL:				