



New Milford Health Department

10 Main Street

New Milford, CT 06776

(860) 355-6035

Fax (860) 210-2664

Creating a Healthy Community One Step at a Time

Food Establishment License Application

Name of Establishment: _____

Location of Establishment: _____

Phone: _____ 24 hr. Emergency Phone: _____

Fax: _____ Email: _____

Hours & Days of Operation: _____

Type of Establishment:

Restaurant/Bar/Cafeteria: Seating: _____

Market/Deli/Take-out

Caterer

Itinerant Vendor: Plate # _____

Municipal or State Owned

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 2, 3 and Class 4 establishments:

 Name(s) of Certified Food Protection Manager (please provide documentation)

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

Menu:

Health Department Use:

Class: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	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
CFPM/Designated Alternate <input type="checkbox"/> Received <input type="checkbox"/> Not Needed	<input type="checkbox"/> Non-Profit	License Mailed: