



Town of Glastonbury

Health Department

FOOD SERVICE LICENSE APPLICATION

Name of Establishment: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Mailing address for renewals, if different: _____

Phone No.: _____ Emergency/Night Phone No.: _____

Fax No.: _____ E-mail: _____

Owner's Name: _____

Owner's Address: _____ City: _____ State: _____ Zip Code: _____

Phone No.: _____ Emergency/Night Phone No.: _____

Fax No.: _____ E-mail: _____

Licensee, if different:

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

CHECK APPROPRIATE INFORMATION FOR THE THREE CATEGORIES BELOW

1.) Water Supply

- Public Water
 Well Water

Latest Water test (within 3 months):

(please attach copy)

2.) Sewage Disposal

- Public Sewer
 Septic System*

*Latest date pumped:

3.) Grease Disposal

- Indoor Grease Trap (AGRU)
 In-Ground Grease Trap

Grease Rendering
Container

Size _____

Latest date serviced:

(please attach receipt copy)

Note: The CT State Dept. 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.

- CLASS 1- Commercially prepackaged foods and/or hot/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
- CLASS 4- Preparation of hot food items that are held for more than 4 hours

All **Class 3 & Class 4** establishments must have a Qualified Food Operator (QFO) in a full time, supervisory position. The certification must be from a state approved testing agency for Connecticut and a copy of the certificate must be submitted with this application. A designated Alternate Person in Charge must also be listed (**Please note: more than one designated alternate person can be assigned**).

Name of Qualified Food Operator: _____

Position: _____ Hours Worked per Week: _____

Name of Designated Alternate Person in Charge: _____

Position: _____ Hours Worked per Week: _____

Type of Food Service License

- | | | | |
|--|----------|--|----------|
| <input type="checkbox"/> Class 1 | \$100.00 | <input type="checkbox"/> Class 4b (25-49 seats) | \$350.00 |
| <input type="checkbox"/> Class 2 | \$175.00 | <input type="checkbox"/> Class 4c (50+ seats) | \$400.00 |
| <input type="checkbox"/> Class 3 | \$275.00 | <input type="checkbox"/> Class 4d (caterers & wholesalers) | \$400.00 |
| <input type="checkbox"/> Class 4a (0-24 seats) | \$300.00 | <input type="checkbox"/> Mobile Vendor | \$300.00 |

Number of seats at this Establishment: _____

I (WE) HEREBY APPLY FOR A FOOD SERVICE LICENSE TO OPERATE A FOOD SERVICE ESTABLISHMENT IN COMPLIANCE WITH THE REQUIREMENTS OF THE PUBLIC HEALTH CODE OF THE STATE OF CONNECTICUT.

Applicant's Signature

Date

FOOD SERVICE LICENSES ARE VALID FROM JULY 1ST THROUGH JUNE 30TH

PLEASE MAKE CHECK PAYABLE TO THE "TOWN OF GLASTONBURY"

Mail - ATTN: HEALTH DEPARTMENT

Office Use Only

Classification: _____ Fee Paid: _____ Receipt Number: _____ Cash: _____ Check No.: _____

Water Test: Received Approved N/A

QFO Requirement Met: Yes No N/A

Designated Alt Requirement Met: Yes No N/A

Final Approval: _____ License Number: _____ Date Issued: _____

Please return the ORIGINAL application with your payment