

**APPLICATION FOR DEPARTMENTAL APPROVAL
FOR FOOD SERVICE LICENSE**

THIS CERTIFICATE HEREBY CERTIFIES THAT THIS FOOD SERVICE ESTABLISHMENT IS IN COMPLIANCE WITH THE CONNECTICUT PUBLIC HEALTH CODE 19-13-B42 AND ALL OTHER DEPARTMENTS/AGENCIES LISTED BELOW.

EXISTING BUILDINGS AND FLOOR SPACE NOT REQUIRING A PERMIT FROM THE AGENCIES LISTED BELOW MAY BE EXEMPTED FROM OBTAINING A SIGNATURE. PLEASE CHECK WITH THE APPROPRIATE DEPARTMENTS FOR PROPER PROCEDURES CONCERNING PERMIT REQUIREMENTS.

Failure to obtain approval from all appropriate departments at the time of final inspection will result in delay or suspension of obtaining license to operate from The Torrington Area Health District.

DATE: _____ FOOD SERVICE LICENSE CLASSIFICATION: _____

PROPERTY OWNER: _____

PROPERTY RENTER/MANAGER: _____

DESCRIPTION: _____

PROPERTY ADDRESS: _____

AFTER EACH DEPARTMENT/AGENCY HAS PROVIDED SIGNATURE OF APPROVAL, PLEASE SUBMIT TO THE TORRINGTON AREA HEALTH DISTRICT FOR ISSUANCE OF FOOD SERVICE LICENSE.

TORRINGTON AREA HEALTH DISTRICT

Date: _____

Approved By: _____

ZONING

Date: _____

Approved By: _____

WPCA-SEWER

Date: _____

Approved By: _____

FIRE MARSHALL

Date: _____

Approved By: _____

BUILDING INSPECTOR

Date: _____

Permit # _____

Approved By: _____

THE ABOVE DEPARTMENTAL APPROVALS DO NOT NEGATE THE ESTABLISHMENT OR ITS OWNER FROM A CONTINUING OBLIGATION TO COMPLY WITH ANY ADDITIONAL OR FUTURE CODE REQUIREMENTS AS SET FORTH BY THE INDIVIDUAL AGENCIES.