



TORRINGTON AREA HEALTH DISTRICT

350 Main Street ♦ Suite A ♦ Torrington, Connecticut 06790
Phone (860) 489-0436 ♦ Fax (860) 496-8243 ♦ E-mail info@tahd.org ♦ Web Address www.tahd.org

"Promoting Health & Preventing Disease Since 1967"

Plan Review Fee _____
PAID YES NO NA
License Fee _____
PAID YES NO NA
(Returned Check Fee \$25)

APPLICATION FOR FOOD & BEVERAGE LICENSE

License Renewal Operational Change Change of Ownership New Business

PLEASE PRINT:

NAME OF BUSINESS _____ NUMBER OF SEATS _____

STREET ADDRESS _____ TOWN _____ ZIP CODE _____

ESTABLISHMENT PHONE # _____ FAX # _____

Please Indicate Business Mailing Address If Different From Above:

MAIL TO _____

TOWN _____ STATE _____ ZIP CODE _____ PHONE _____

FAX _____

NAME OF MANAGER / OWNER _____ PHONE _____

STREET ADDRESS _____ TOWN _____

STATE _____ ZIP CODE _____

TYPE OF OPERATION

- BED & BREAKFAST
- BAKERY / ICECREAM
- CAFE
- CAMPGROUND
- CATERING OPERATION
- DAYCARE
- DELI / CONVENIENCE
- ELDERLY NUTRITION
- HEALTHCARE INSTITUTION
- GROCERY STORE
- MUNICIPAL FACILITY
- PRIVATE CLUB
- RESTAURANT
- SEASONAL
- SOUP KITCHEN

CHECK APPROPRIATE INFORMATION FOR THE THREE CATEGORIES BELOW:

1. WATER SUPPLY

- Public Water
- Well Water

2. SEWAGE DISPOSAL

- Public Sewers
- Septic System

3. GREASE DISPOSAL

- In-door Grease Trap
- In-Ground Grease Trap
- Grease Rendering Container

Note: The CT State Department 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.

PLEASE CHECK APPROPRIATE MENU CLASSIFICATION: (Final class designation will be determined by TAHD after all required information is submitted.)

- CLASS 1 – Commercially prepackaged foods and/or hot or cold beverages only.
- CLASS 2 – Cold ready to eat commercially processed food and/or hot/cold beverages.
- CLASS 3 – Preparation of hot food items which are consumed within 4 hours.
- CLASS 4 – Preparation of hot food items which are held for more than 4 hours.

All Class 3 & Class 4 establishments must have a Certified Qualified Food Operator (QFO) in a full time supervisory position. The certification must be accredited from a state approved testing agency for Connecticut. The T.A.H.D. must have a copy of the certificate for the establishment file.

NAME OF QUALIFIED FOOD OPERATOR _____ PHONE # _____

DESIGNATED ALTERNATE QFO – with approved training _____

APPLICANT'S SIGNATURE

DATE

ANY INCOMPLETE INFORMATION WILL DELAY THE LICENSING PROCEDURE FOR NEW AND EXISTING ESTABLISHMENTS.
The Torrington Area Health District is an equal opportunity provider.