



Food Service Permit Application for Permanent Facilities

Please complete sections 1-6. Print Legibly and fill out ALL sections.

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|--------------------|
| Fee Due: \$ |
|--------------------|

1. Establishment Information

| | | | |
|----------------------------------|--|-------------------|----------------|
| Food Establishment Name | | | |
| Establishment Location - Address | | | Town |
| Establishment Mailing Address | | City | State Zip Code |
| Establishment Phone | | Establishment Fax | |
| Establishment Email | | | |

2. Applicant *(must be an owner or officer)*

| | | | | |
|---------------------------|--|---------------|-------|----------|
| Name of Applicant | | | DOB | |
| Applicant Mailing Address | | City | State | Zip Code |
| Applicant Phone | | Applicant Fax | | |
| Applicant Email | | | | |

3. Ownership. Is the establishment owned by:

- An individual** *(Name must be listed as applicant in Section 2; then Skip to section 4)*
OR **Corporation** **LLC** **Partners** **Association** **Other legal entity** *(Complete Persons Comprising Legal Ownership section below)*

Persons Comprising Legal Ownership of the Establishment

| | | | | |
|---------|--|-------|-------|----------|
| Name | | Title | | |
| Address | | City | State | Zip Code |

| | | | | |
|---------|--|-------|-------|----------|
| Name | | Title | | |
| Address | | City | State | Zip Code |

Use additional sheets if needed

4. On-site Person Directly Responsible for the Establishment

- Owner** **Manager** **Supervisor**

| | | | | |
|------------|-------|-------|-------|----------|
| Name | | Title | | |
| Address | | City | State | Zip Code |
| Cell Phone | Email | | | |

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5. Information about Food Operation & Processes – Check all that apply:

Note: TCS = Time/Temperature Controlled for Safety Food = Potentially Hazardous Food

- Does not prepare food but offers for sale only prepackaged food that is not TCS Food
NOTE: Certified Food Protection Manager not required
(i.e., convenience store with only commercially prepackaged foods)
- Prepares only food that is not TCS Food
NOTE: Certified Food Protection Manager not required
(i.e., ice cream shop; coffee shop or bakery with only non-perishable baked goods)
- Prepares, offers for sale, or serves TCS Food – check one or more of the following:
- Only to order upon a customer's request
 - In advance in quantities based on projected consumer demand AND discards food that is not sold or served at an approved frequency
 - Uses time as a public health control
- (i.e., McDonalds; Five Guys; Dunkin Donuts; deli that does not cool foods; schools that do not cool foods; convenience store that heats commercially-made soup or has a hot dog roller)*
- Prepares TCS Food in advance which involved two or more of the following steps: cooking, cooling, reheating, hot or cold holding, freezing or thawing
(i.e., deli or fast food establishment that cools and reheats food; full service restaurants, grocery stores)
- Prepares food in the above category for service to a highly susceptible population
(i.e., day care centers, nursing homes, hospitals, assisted living facilities, senior center)
- Prepares TCS Foods for delivery to and consumption at a location off the premises of the food establishment where it is prepared
(i.e., establishments that cater)
- Uses specialized processing methods – check all that apply:
- Smoking food as method of preservation rather than flavor enhancement
 - Curing food
 - Using food additives or adding components such as vinegar for food preservation rather than flavor enhancer or to render the food so that it is not a TCS Food (i.e. acidification of sushi rice)
 - Processing TCS Food using a reduced oxygen packaging method.
 - Sous Vide packaging
 - Cook chill packaging
 - Controlled Atmosphere Packaging
 - Modified Atmosphere Packaging
 - Vacuum Packaging
 - Operates a molluscan shellfish life-support system tank to store or display shellfish that are offered for human consumption
 - Custom Processing animals for personal use as food and not for sale in a food establishment
 - Sprouting seeds or beans
 - Juicing
 - Fermentation of food or beverages
 - I currently do not use any of the above specialized processing methods, but I may within the next year (Note: please contact PDDH prior to beginning any specialized process)

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6. Information About Establishment

| | | | |
|--|---|---|---|
| <p>Check Applicable Services:</p> <input type="checkbox"/> Eat In <input type="checkbox"/> Take Out <input type="checkbox"/> Catering <input type="checkbox"/> Outdoor Dining <input type="checkbox"/> Bar <input type="checkbox"/> Buffet/Salad Bar <input type="checkbox"/> Delivery <input type="checkbox"/> Retail <input type="checkbox"/> Other _____ | <p>Hours of Operation:</p> Sunday: _____ Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____ Saturday: _____ | <p>Sewage Disposal:</p> <input type="checkbox"/> Public Sewer <input type="checkbox"/> Septic System <p>Grease Trap:</p> <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> None | <p>Water Supply:</p> <input type="checkbox"/> Private Well <input type="checkbox"/> Public Water Water Company: _____ <p>Seating Capacity:</p> Indoor: _____ Outdoor: _____ |
|--|---|---|---|

7. Emergency Contact Information for power outages, food recalls, notices, etc.

| | |
|---------------------------|------------|
| Name of Emergency Contact | Cell Phone |
| Email | |

ALL sections (1-6) of this application must be completed before submission.

The information provided on this application is accurate. I agree to comply with the regulations of the State of Connecticut and local ordinances pertaining to food service establishments and to allow the Pomperaug District Department of Health access to the establishment as specified under Section 8-404.11 and the records as specified under Sections 3-2-3.12, 5-205.13 and subsection 8-201.14(D)(6).

Signature of Applicant

Date

Print Name of Applicant