



WEST HAVEN HEALTH DEPARTMENT
355 MAIN STREET
WEST HAVEN, CT 06516
PHONE: 203-937-3660 FAX: 203-937-3976
www.whhd.org

APPLICATION FOR A PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT

FOR OFFICE USE ONLY

TYPE OF FOOD ESTABLISHMENT		CLASSIFICATION	OFFICE USE ONLY:
RESTAURANT ____ RETAIL FOOD STORE/DELI ____ BAR/CAFÉ ____ ITINERANT VENDOR ____ SCHOOL ____	CATERER ____ INSTITUTIONAL ____ BAKERY ____ CHURCH ____ DAYCARE ____	Class 1 ____ Class 2 ____ Class 3 ____ Class 4 ____	New FSE Application Fee \$50 Itinerant Vendor Application Fee \$100 Date Paid: _____ Class: _____ License Fee: _____ Date License Issued: _____

Name of Business: _____

Address _____ City: _____

State: _____ Zip Code: _____ Phone: _____ Fax _____

Email: _____

Owner name: _____

Home address: _____ City: _____ State _____ Zip _____

Email: _____

Address where food permit should be mailed: _____

Name of Certified Food Protection Manager (CFPM): _____
 (Must be current within the last 5 years. Provide copy of certificate.)

Phone number of Certified Food Protection Manager: (____) _____

For New
Establishment/Ownership
Change Use Only

Fire Marshal's Office

Building Department

Zoning Department

WPCA

Police Dept.
(Itinerant vendors only)

ITINERANT VENDING

Make of vending vehicle: _____ Registration number of vehicle: _____

Sticker issued by: _____ Date: _____ Sticker #: _____

Signature of applicant: _____ License Approved by: _____

Date: _____

TAX DEPARTMENT

By making application I agree to allow access to my establishment by West Haven Health Department personnel for inspection purposes. License is not transferrable between persons or places. License fees are non-refundable.