



The West Haven Health Department

355 Main Street 2nd Floor ▪ West Haven, CT ▪ 203-937-3660 ▪ Fax 203-937-3976

2023-2024 FOOD SERVICE ESTABLISHMENT RENEWAL APPLICATION. A late fee of \$10 per day will be charged. A return check fee of \$25 will be charged. Any delinquent taxes owed to the City of West Haven may result in suspension or closure of your establishment.

By making this 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 NOT refundable.

Please initial here _____

TYPE OF FOOD ESTABLISHMENT		CLASSIFICATION/FEE	FOR OFFICE USE ONLY:
<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> CATERER	<input type="checkbox"/> Class 1 \$175.00	License Fee: _____
<input type="checkbox"/> RETAIL FOOD STORE/DELI	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> Class 2 \$275.00	Late fee(if any): _____
<input type="checkbox"/> BAR/CAFÉ	<input type="checkbox"/> BAKERY	<input type="checkbox"/> Class 3 \$375.00	Total Paid: _____
<input type="checkbox"/> CHURCH	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> Class 4 \$475.00	Date Paid: _____
<input type="checkbox"/> DAYCARE			Date License Issued: _____
(PLEASE CHECK ONE)			License Approved By: _____

Name of Business: _____ Business Phone: _____

Business Address: _____ Zip Code: _____ Fax: _____

Business MAILING Address: _____ City: _____ Zip Code: _____

Business Email: _____

Name of Permit Holder/Owner: _____ Phone: _____

Permit Holder/Owner Home Address: _____ City: _____ State _____

Zip Code: _____ Permit Holder/Owner Home Email Address: _____

A CERTIFIED FOOD PROTECTION MANAGER (CFPM) CERTIFICATE FROM AN APPROVED TESTING INSTITUTION IS REQUIRED FOR ALL CLASS 2, 3 AND 4 ESTABLISHMENTS. A COPY OF CURRENT CFPM CERTIFICATE MUST BE SUBMITTED WITH THIS APPLICATION.

Name of CFPM: _____ Phone number: _____

Signature of Certified Food Protection Manager: _____

Person in charge of **CLASS 1** Establishment: _____

BASED ON FDA FOOD CODE 6-501-111 ALL FOOD ESTABLISHMENTS MUST HAVE AN EXTERMINATOR UNDER CONTRACT

Name of Exterminator: _____ Date of Last Service _____

A COPY OF YOUR CURRENT EXTERMINATOR CONTRACT MUST BE SUBMITTED WITH THIS APPLICATION.

Signature of Applicant/Owner: _____ Date: _____

TAX DEPARTMENT STAMP

ALL applications **must** be submitted with confirmation that all taxes due to the City of West Haven have been paid to date. If you are unable to visit our tax department to get the needed tax stamp, you must contact the Tax Department to attain a copy of your current paid tax receipt. It can be submitted with this application in place of the stamp. There are no exceptions to this requirement. We are unable to process your application without this and all other required documentation.

The City of West Haven Tax Department can be reached at #203-937-3525