



City of West Haven Health Department
355 Main Street
West Haven, CT 06516

Dorinda Borer
Mayor

Sheila Carmon, MBA/MPH
Director of Health

Date: August 7, 2025

To: Food Service Establishments

From: City of West Haven Health Department

Subject: 2025 – 2026 Food Service Renewal

Enclosed you will find your 2025 – 2026 Food Service Renewal application for this licensure year. The label on this letter indicates the Class of your establishment as it appears in our database. The application will provide the fee associated with your establishment class.

Please review and fill out the blank application and ensure you provide your email address on the application for future alerts and correspondence.

Return the completed application with the following information below:

1. A copy of your current Certified Food Protection Manager's Certificate (Class 2, 3, and 4)
2. A copy of your current yearly Exterminator Contract
3. A copy of your most recent updated menu
4. The appropriate renewal fees based on your classification

Note: Application will not be accepted without the above items

**Mail Application To:
West Haven Health Department
355 Main Street, 2nd Floor
West Haven, CT 06516**

Application can also be delivered to the Health Department in person. Office hours are Monday – Friday, 9am - 5pm. If paying by cash, we can only accept the exact amount due. License fee can be paid by check, cash, money order, or online with a credit or debit card at the Health Department webpage by visiting: www.cityofwesthaven.com/164/Health-Department. See "Online Payments".

**355 Main Street, West Haven, Connecticut, 06516
Phone: (203) 937-3660 | Fax: (203) 937-3976**

A \$10 per day late fee will be assessed for all applications not received or postmarked before September 30, 2025. In addition, any establishment that has not submitted their renewal by this date will be "Operating Without a Permit" and will be subject to an additional fee of \$200.00 and closure of the establishment.

Once your application has been received with all the supporting documents and fees, your new license will be mailed to the business mailing address. To avoid any delays, be sure to indicate your preferred business mailing address on the appropriate line of the application.

If you have any questions, please call the office at 203-937-3660.

Sincerely,

A handwritten signature in blue ink, appearing to read "Sheila Carmon", with a long horizontal flourish extending to the right.

Sheila Carmon, MBA/MPH
Director of Health