

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

RETAIL FOOD AND FOOD SERVICE LICENSE APPLICATION

NAME OF FACILITY: _____
 ADDRESS: _____
 PHONE: _____
 FAX: _____
 EMAIL: _____

OWNER: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PERSON RESPONSIBLE FOR ESTABLISHMENT: _____

CLASS 2, 3 & 4 ESTABLISHMENTS
 CERTIFIED FOOD PROTECTION MANAGER (CFPM): _____

CHECK: NEW LICENSE CHANGE OF OWNERSHIP NON-PROFIT ORGANIZATION

TYPE OF FACILITY: (CHECK ALL THAT APPLY)

<input type="checkbox"/> FOOD SERVICE ESTABLISHMENT (SEATING _____)	<input type="checkbox"/> CATERER
<input type="checkbox"/> RETAIL FOOD STORE	<input type="checkbox"/> INSTITUTIONAL FOOD SERVICE
<input type="checkbox"/> RETAIL FOOD WITH FOOD SERVICES	

SIGNATURE OF APPLICANT

DATE

* Section 53a-175 False Statement: Class A Misdemeanor: (A) A person guilty of a false statement when he intentionally makes a false written statement under oath or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable, which he does not believe to be true and which statement is intended to mislead a public servant in the performance of his official function. (B) False Statement a Class A Misdemeanor. The penalty for a Class A Misdemeanor is imprisonment for a term not to exceed one year, or a fine not to exceed \$1,000 or both. (Sections 53a-28(b), and 53a-36, and 53a-42).

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.

TAX DEPARTMENT

Planning/Zoning

Fire Department

WPCA

Building Department

OFFICE USE ONLY:

Application Fee \$50
 Date Paid: _____
 Class: _____
 License Fee: _____
 Date Paid: _____
 Date License Issued: _____
 Exempt: Y/N