



**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 _____	Application Fee \$50 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: (\_\_\_\_) \_\_\_\_\_

**ITINERANT VENDING**

Make of vending vehicle: \_\_\_\_\_ Registration number of vehicle: \_\_\_\_\_

Sticker issued by: \_\_\_\_\_ Date: \_\_\_\_\_ Sticker #: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ License Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

**For New  
Establishment/Ownership  
Change Use Only**

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Fire Marshal's Office

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Building Department

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Zoning Department

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WPCA

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Police Dept.  
(Itinerant vendors only)

**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.*