



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 _____	CATERER _____	Class 1 _____	Application Fee \$50
RETAIL FOOD STORE/DELI _____	INSTITUTIONAL _____	Class 2 _____	Date Paid: _____
BAR/CAFÉ _____	BAKERY _____	Class 3 _____	Class: _____
ITINERANT VENDOR _____	CHURCH _____	Class 4 _____	License Fee: _____
SCHOOL _____	DAYCARE _____		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.*