



QVHD

Quinnipiac Valley Health District
1151 Hartford Turnpike North Haven, CT 06473
(203) 248-4528 Fax: (203) 248-6671
www.qvhd.org

FOOD SERVICE LICENSE APPLICATION

NEW
RENEWAL

Establishment Name: _____

ID# _____ Class _____

Establishment Address: _____

Phone: _____

Cell: _____

Fax: _____

Email: _____

Name of Licensee/ Applicant: _____ Owner () or Manager ()

Mailing Address if different than above: _____

Phone _____

For Class III and IV establishments only: **(include copy of certificate)**

Name of Qualified Food Operator (QFO) : (print name only) _____

The QFO is the person who has passed a test administered by a testing organization approved by the Connecticut Department of Public Health such as Serve Safe® and is in a full-time management position in your establishment. Class III and IV licenses will not be renewed without QFO information.

Is the Establishment owned Publicly () or Privately ()?

Has a liquor Permit been issued for this establishment? () Yes () No

If Yes, list the Permittee's name and address: _____

Licensing of food service establishments that prepare, sell, or dispense food products is required by of the Regulations of this Health District and the regulations of the State Health Department. Per these regulations the applicable license fee covers one year. This license must be renewed on or before February 1st of each year and expires January 31st of the following year.

Fee: _____ Signature of Applicant: _____

FOR OFFICE USE ONLY

Fee Paid: _____

License #: _____

Date: _____