



FOOD ESTABLISHMENT LICENSE
APPLICATION
NEW
RENEWAL
CHANGE OF OWNER

Quinnipiack Valley Health District

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

Establishment Name: _____

Phone: _____

Establishment Address: _____

Cell: _____

E-mail: _____

Fax: _____

Name of Permit Holder/Applicant: _____ Owner () or Manager ()

Mailing Address if different than above: _____

Phone _____

For Class 2, 3 and 4 establishments only: **(include copy of certificate)**

Name of Certified Food Protection Manager : (print name only) _____

The Certified Food Protection Manager 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 2, 3 and 4 licenses will not be renewed without Certified Food Protection Manager information.

Licensing of food establishments that prepare, sell, or dispense food products is required by 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: _____

ID #: _____

License #: _____

Class: _____

Date: _____