



# Town of Wallingford Health Department

45 South Main Street, Room 215, Wallingford, CT 06492  
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Director of Health:  
Vanessa Bautista,  
R.S., M.P.H.

## Food Establishment Permit Application

Name of Establishment: \_\_\_\_\_

Type of Establishment (Please Check One):  Permanent  Itinerant

Mailing Address: \_\_\_\_\_

Business Contact  
(Name, Phone #, and E-mail): \_\_\_\_\_

Emergency Contact  
(Name, Phone #, and E-mail): \_\_\_\_\_

Business Owner  
(If LLC, list members): \_\_\_\_\_

Property Owner  
(Name, Phone #, and E-mail): \_\_\_\_\_

Classification: (See attached information sheet for explanations)

- Class 1 - \$25
- Class 2 - \$50
- Class 3 - \$75
- Class 4 - \$100 (Establishments with approved variances or special processes are Class 4 due to increased risk)
- Non-Profit - \$0 **\*501c3 Confirmation Letter Required\***

### Submit Annually:

- Copy of current menu with appropriate consumer advisory and allergen awareness statements
- Copies of approved Certified Food Safety Manager(s) certificate(s)  
*\*At least one Certified Food Protection Manager must be present during operating hours\**
- Copy of annual well water analysis (if applicable); results may require treatment or disclosure statement
- Copy of septic system service report, current within past 2 years (if applicable)
- Itinerant Vendors must submit a Declaration of Base of Operations, unless otherwise approved

I hereby certify that I am the owner/operator of the subject food service establishment. **I understand that the food establishment permit is not transferable.** I further understand that future renovations or equipment changes must be reviewed and approved by the Health Department in advance. Food establishment permits expire June 30<sup>th</sup> and must be renewed annually.

Sign Here: \_\_\_\_\_

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

Print Name: \_\_\_\_\_