



*Town of Wallingford, Connecticut*  
*Health Department*

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Director of Health

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Protect. Promote. Improve.



## Food Service Establishment License Application

<b>Name of Establishment:</b>		
<input type="checkbox"/> Permanent	<input type="checkbox"/> Itinerant	<b>Name of Licensee/ Operator:</b>
<b>Address of Establishment:</b>		
<b>Business Phone #/ Email:</b>		<b>Fax #: ((if applicable))</b>
<b>Hours of Operation:</b>		
<b>Business Owner(if LLC, list members)</b>	<b>Emergency Contact</b>	<b>Property Owner/Landlord</b>
<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
<b>Phone #/ Email:</b>	<b>Phone #/ Email:</b>	<b>Phone #/ Email:</b>
<b>Address of Licensee/Mailing address of correspondence</b>		
<b>Classification:</b> (See attached information sheet for explanations) <b>Note: Non-profit organizations are exempt from fees, (501c3 confirmation letter required)</b> <input type="checkbox"/> Class 1 \$25 <input type="checkbox"/> Class 2 \$50 <input type="checkbox"/> Class 3 \$75 <input type="checkbox"/> Class 4 \$100 (Note: Establishments with approved variances or special processes will be class 4 due to increased risk)		
<b>Submit annually:</b> <input checked="" type="checkbox"/> Copy of current menu (must have proper consumer advisory and allergen awareness) <input checked="" type="checkbox"/> Copies of approved Certified Food Safety Manager's (CFPM) certificate. (CFPM must be present during all hours of operation) <input checked="" type="checkbox"/> Well water annual analysis (If applicable) Depending on results, treatment or disclosure may be required <input checked="" type="checkbox"/> Septic system service report (if applicable, must be current within 2 years) <input checked="" type="checkbox"/> Declaration of Base of Operations (Itinerant Vendors unless approved otherwise)		

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

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

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

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