WESTPORT WESTON HEALTH DISTRICT
180 Bayberry Lane, Westport, CT 06880-2855
Telephone: (203) 227-9571 Fax: (203) 221-7199

APPLICATION FOR FOOD ESTABLISHMENT PLAN REVIEW: (NEW ESTABLISHMENT)

Name of Business:_____

Address of Business:_____ Town:_____ ZIP:_____

Contact Person Name: _____ Phone: (_____)_____

E-mail:_____ Fax: (_____)_____

Mailing Address:_____ Town:_____ ZIP:_____

Owner Mailing Address: _____ Town:_____ ZIP:_____

Architect Mailing Address: _____ Town:_____ ZIP:_____

☐ Food Establishment ☐ Food Store
☐ Take Out Only ☐ Catering Food Service
☐ Other _____

Fee: $660.00

Date Paid

I attest here that the information supplied here is accurate and correct.

_____ _____
Signature and Title Date

_____
Please TYPE or Print Name

For Office Use Only

Date Application Approved:	Date Permit Issued:	Date Mailed/Delivered:
By:	By:	By:

WESTPORT WESTON HEALTH DISTRICT
180 Bayberry Lane, Westport, CT 06880-2855
Telephone: (203) 227-9571 Fax: (203) 221-7199

APPLICATION FOR FOOD ESTABLISHMENT PLAN REVIEW: (RENOVATION)

Name of Business:_____

Address of Business:_____ Town:_____ ZIP:_____

Contact Person Name: _____ Phone: (_____)_____

E-mail:_____ Fax: (_____)_____

Mailing Address:_____ Town:_____ ZIP:_____

Owner Mailing Address:_____ Town:_____ ZIP:_____

Architect Mailing Address: _____ Town:_____ ZIP:_____

☐ Food Establishment ☐ Food Store

☐ Take Out Only ☐ Catering Food Service

☐ Other _____

Fee: $165.00

Date Paid

I attest here that the information supplied here is accurate and correct.

_____ _____

Signature and Title Date

_____

Please TYPE or Print Name

For Office Use Only

Date Application Approved:	Date Permit Issued:	Date Mailed/Delivered:
By:	By:	By: