



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

Fee: \$275

Multi-Vendor Kitchen Use Application

Property Owner: _____

Property Owner's Address: _____

Telephone: (____) _____ **Fax:** (____) _____

E-Mail Address: _____

<u>Details of the Operation</u>	
Business Owner: _____	
Telephone # _____	E-Mail Address: _____
Name of Business: _____	
Location of Business: _____	
Day(s) of Operation: _____	Anticipated Tenants (Total) _____
Hours of Operation: _____	Hours of Food Service: _____
No. of Food Operators _____	

Directions:

The applicant must complete this application and any following attachments. The application must be completed and submitted with payment to the WWHD 14 days prior to the opening of the operation/location. Any change in operation or equipment etc., must be submitted to the health district for prior approval.

_____ *For Office Use Only* _____

Paid: Cash Check Check Number _____

Date Application Submitted:	Date Application Approved:	Date Permit Issued:
By:	By:	By:

Notes/Conditions:

Please fill in the information below:

1. Do you have a pest control plan/contract for this location? Please provide a copy.

Yes No

2. Do you have a garbage removal contract? Please provide a copy.

Yes No

3. Do you accept the responsibility to vet each sub-leasee to assure the proper and adequate equipment and space is available for the product and use of this kitchen?

Yes No

4. Do you accept the responsibility that this kitchen facility is maintained in a safe, sanitary code-complying manner?

Yes No

5. Do you accept as your responsibility, the notification to tenants that they must comply with all local and State codes?

Yes No

6. Please provide any additional information about what you will be doing that should be considered.

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the regulatory office may nullify final approval.

Signature (s) _____

Signature _____

Date _____

