

# WESTPORT WESTON HEALTH DISTRICT

180 Bayberry Lane, Westport, CT 06880-2855 Telephone: (203) 227-9571

**FEE:** \$ \_\_\_\_\_ . \_\_\_\_\_

*Fee is Non-Refundable*

## Application To Operate a Food Facility

*Fee Schedule  
on Reverse Side*

**Business Name:** \_\_\_\_\_ **Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Business e-mail Address:** \_\_\_\_\_ **Business Fax:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **Town:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Town:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Name of Qualified Food Operator (QFO):** \_\_\_\_\_

<p><b>Primary Service:</b> (<i>Check one:</i>)</p> <p><input type="checkbox"/> Food Establishment                      <input type="checkbox"/> Food Store</p> <p><input type="checkbox"/> Food Establishment/Catering          <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Casual Catering Food Service</p>		<p><b>Additional Services:</b> (<i>Check all that apply</i>)</p> <p><input type="checkbox"/> Take Out                                  <input type="checkbox"/> Delivery</p> <p><input type="checkbox"/> Catering                                <input type="checkbox"/> Permitted outdoor patio dining</p> <p><input type="checkbox"/> Seasonal</p>	
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<b><u>Type of Ownership:</u></b> (Mark one) <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
<b><u>If Individual Ownership:</u></b>	
<b>Name:</b> _____	<b>Phone:</b> ( _____ ) _____
Home Address: _____	<b>Town:</b> _____ <b>ZIP:</b> _____
<b><u>If Partnership, List all Partners: (use separate paper, if necessary)</u></b>	
<b>Name:</b> _____	<b>Phone:</b> ( _____ ) _____
Home Address: _____	<b>Town:</b> _____ <b>ZIP:</b> _____
<b>Name:</b> _____	<b>Phone:</b> ( _____ ) _____
Home Address: _____	<b>Town:</b> _____ <b>ZIP:</b> _____
<b><u>If Corporation, list Corporation Name and all Officers:</u></b>	
<b>Corporation Name:</b> _____	<b>Phone:</b> ( _____ ) _____
Address: _____	<b>Town:</b> _____ <b>ZIP:</b> _____
<b>President:</b> _____	<b>Phone:</b> ( _____ ) _____
Home Address: _____	<b>Town:</b> _____ <b>ZIP:</b> _____
<b>Vice President:</b> _____	<b>Phone:</b> ( _____ ) _____
Home Address: _____	<b>Town:</b> _____ <b>ZIP:</b> _____
<b>Secretary/Treasurer:</b> _____	<b>Phone:</b> ( _____ ) _____
Home Address: _____	<b>Town:</b> _____ <b>ZIP:</b> _____

I attest that the information supplied here is accurate and correct. I understand that this permit may not be issued or, after issuance, may be suspended, revoked or not renewed for noncompliance with the Westport Weston Sanitary Code and/or the Connecticut State Public Health Code.

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
TYPE or Print Name

\_\_\_\_\_  
Date

**For Office Use Only**

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

**WESTPORT WESTON HEALTH DISTRICT**

**FOOD FACILITY DEFINITIONS AND FEE SCHEDULE**

**QUALIFIED FOOD OPERATOR:** a food operator employed by the food establishment in a full-time position who has demonstrated a knowledge of safe food handling techniques. This person has provided a certificate that demonstrates passing an approved test, or has a waiver that has been approved by the Director of Health.

**FOOD SERVICE ESTABLISHMENT** means any place where food is prepared and intended for individual portion service and includes the site at which individual portions are provided. The term includes any such place regardless of whether consumption is on or off the premises and regardless of whether there is a charge for the food.

**Class IV** is a food service establishment having on the premises exposed potentially hazardous foods that are prepared by hot processes and held for more than four (4) hours prior to consumption by the public.

**CATERING FOOD ESTABLISHMENT** means a business involved in the sale or distribution of food and drink prepared in bulk in one (1) geographic location for service in individual portions at another or which involves preparation and service of food on public or private premises not under the ownership or control of the operator of such service.

**Class IV** is a catering food service establishment having on the premises exposed potentially

hazardous foods that are prepared by hot processes and held for more than four (4) hours prior to consumption by the public.

**FOOD STORE (CLASS I AND II)** means any place which sells or dispenses for sale at wholesale or retail any groceries, prepackaged foods, whole or bulk bakery products, whole vegetables and fruits, raw meat or fish or packaged dairy products.

**OTHER (Please Define)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FEE IS NON-REFUNDABLE**

**ANNUAL FEES:**

<b>FOOD ESTABLISHMENT (CLASS IV).....</b>	<b>\$470.00</b>
<b>CATERING FOOD SERVICE.....</b>	<b>\$470.00</b>
<b>FOOD ESTABLISHMENT (6 MONTHS OR LESS) .....</b>	<b>\$275.00</b>
<b>SEASONAL (6 MONTHS OR LESS).....</b>	<b>\$275.00</b>
<b>FOOD STORE (CLASS I &amp; II).....</b>	<b>\$165.00</b>
<b>FOOD STORE (CLASS I &amp; II) (6 MONTHS OR LESS).....</b>	<b>\$85.00</b>
<b>MOBILE VENDOR .....</b>	<b>\$275.00</b>
<b>SEASONAL ICE CREAM VENDOR (PRE-PACKAGED).....</b>	<b>\$ 85.00</b>
<b>RE-INSPECTION (AFTER 1 REINSPECTION PER YEAR).....</b>	<b>\$200.00*</b>

**\*PER REINSPECTION.**

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