



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 _____

<p>Fee: \$660.00</p> <p style="text-align: center;">Date Paid</p>

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: \$295.00

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: