



Aspetuck  
Health District

**ASPETUCK 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><b>Fee: \$660.00</b></p>       <p style="text-align: right;">Date Paid</p>
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*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:



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Health District

**ASPETUCK 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 \_\_\_\_\_

<p><b>Fee: \$295.00</b></p>          <p style="text-align: right;">Date Paid</p>
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***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: