

Name of Business:

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)

	own: ZIP:	
E-mail: To	own: Zip:	
Mailing Address: To		
	own: ZIP:	
Owner Mailing Address: To		
Architect Mailing Address: To	own: ZIP:	
☐ Food Establishment ☐ Food Store ☐ Take Out Only ☐ Catering Food Service ☐ Other ☐ I attest here that the information supplied here is accurate and	Fee: \$660.00 Date Paid	
Signature and Title	 Date	
Please TYPE or Print Name For Office Use Only		
Date Application Approved: Date Permit Issued:	Date Mailed/Delivered:	
By: By:	Ву:	

Rev. March 30, 2022

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:		Pho	ne: ()
E-mail:		Fax	:()
Mailing Address:		_ Town:	Zip:
Owner Mailing Address:		_ Town:	Zip:
Architect Mailing Address:		_ Town:	ZIP:
☐ Food Establishment ☐ Take Out Only ☐ Other I attest here that the inforcorrect.	☐ Food Store ☐ Catering Food Service — mation supplied here is a	ccurate and	Fee: \$295.00 Date Paid
Signature and Title		Date	
Please TYPE or	r Print Name		
	For Office Use Only		
Date Application Approved:	Date Permit Issued:	Date N	Mailed/Delivered:
Bv.	Rv.	Bv.	

Rev. March 30, 2022