



Aspetuck  
Health District

**ASPETUCK 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 Aspetuck Health District 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.

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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 \_\_\_\_\_

**Attachment 1: List of Approved Kitchen Use Vendors**

1. List all participants and their food products: The Applicant may substitute a listing of similar format providing the requested information.

<b>Vendors Name</b>	<b>Food Items</b>

