



FOOD SERVICE LICENSE APPLICATION

NEW

RENEWAL

QUINNIPIACK VALLEY HEALTH DISTRICT

1151 Hartford Turnpike
North Haven, CT 06473

Telephone: (203) 248-4528 ~ Fax: (203) 248-6671
www.qvhd.org

Mail To:

Establishment Name: _____	ID #: _____	CLASS: _____
Establishment Address: _____	Phone: _____	
_____	Cell: _____	
	Fax: _____	
	Email: _____	

Name of Licensee/Applicant: _____ () Owner or () Manager

Mailing Address is different from above: _____
(Street number and name) (Town) (Zip)

Phone # of Licensee/Applicant: _____

For Class III and IV establishments only:

Name of Qualified Food Operator (QFO) : (print name only) _____

The QFO is the person who has taken and passed a food safety class such as Serve Safe® and is in a full-time management position in your establishment. Class III and IV licenses will not be renewed without QFO information.

Is the Establishment owned Publically () or Privately () ?

Has a liquor Permit been issued for this establishment? () Yes () No

If Yes, list the Permittee's name and address: _____

Licensing of food service establishments that prepare, sell, or dispense food products is required by the Regulations of this Health District and the regulations of the State Health Department. Per these regulations the applicable license fee covers one year. This license must be renewed on or before February 1st of each year and expires January 31st of the following year.

Fee: _____ Signature of Applicant: _____

FOR OFFICE USE ONLY

Fee Paid: _____

License #: _____

Date: ____ / ____ / ____