FOOD SERVICE LICENSE APPLICATION

NEW □
RENEWAL □

QUINNIPIAC VALLEY HEALTH DISTRICT
1151 Hartford Turnpike North Haven, CT 06473
(203) 248-4528 Fax: (203) 248-6671
www.qvhd.org

Fee Paid: ____________________________ License #: ____________________________ Date: ____________________________

Establishment Name: ____________________________ ID# ____________________________ Class ____________________________

Establishment Address: ____________________________ Phone: ____________________________

________________________________________

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

Mailing Address if different than above: __________________________________________

________________________________________ Phone ____________________________

For Class III and IV establishments only: (include copy of certificate)

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

The QFO is the person who has passed a test administered by a testing organization approved by the Connecticut Department of Public Health 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 Publicly ( ) 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 of 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: ____________________________

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