



## Application for a License to Operate Class 2, 3 or 4 Food Establishment

Greenwich Department of Health  
Division of Environmental Services  
101 Field Point Road  
Greenwich, CT 06830  
(203) 987 - 1001  
[www.greenwichct.org](http://www.greenwichct.org)

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Parcel Tax ID Number: \_\_\_\_\_

Website address: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ email address: \_\_\_\_\_

If checked, all correspondence will be sent to the Owner Address not the Facility Address

Person Responsible (If Not Owner): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ email address: \_\_\_\_\_

Name of Certified Food Protection Manager(s)\*: \_\_\_\_\_

Position(s) Held: \_\_\_\_\_ Number of Hours Worked Weekly: \_\_\_\_\_

Name of Designated Alternate(s): \_\_\_\_\_

Position(s) Held: \_\_\_\_\_ Number of Hours Worked Weekly: \_\_\_\_\_

### **\*ATTACH VALID FOOD PROTECTION MANAGER CERTIFICATE(S)**

Type of Facility (Check One)

\_\_\_\_\_ Food Establishment ( Class 2 / 3 /4 )

\_\_\_\_\_ Seasonal Restaurant (6 Months or less)

\_\_\_\_\_ School

\_\_\_\_\_ Club or Hotel

\_\_\_\_\_ Caterer

Nature of Application (Check One)

\_\_\_\_\_ New Facility

\_\_\_\_\_ Change of Ownership

\_\_\_\_\_ Remodeling or Conversion

\_\_\_\_\_ License Renewal

Alcohol Provisions (Check One)

\_\_\_\_\_ Liquor Served

\_\_\_\_\_ Beer and/or Wine Only

\_\_\_\_\_ No Alcohol Served

Water Supply (Check One)

\_\_\_\_\_ Public Supply

\_\_\_\_\_ Private Well

Sewage Disposal (Check One)

\_\_\_\_\_ Town Sewer

\_\_\_\_\_ Septic System

Smoking Provisions (Check One)

\_\_\_\_\_ Smoke Free

\_\_\_\_\_ Smoking Area Provided

Consumption of Food on Premises (Includes Stand-up Counters / Bar Service):

Total Seating Capacity: \_\_\_\_\_

Number of Bathrooms Available to the Public \_\_\_\_\_

**Building Information**

Owner of Building: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ email address: \_\_\_\_\_

**Hours of Operation –**

Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

**Public Health Alerts –**

The Department frequently receives information from a variety of sources – including the Connecticut Departments of Public Health and Consumer Protection as well as the Food and Drug Administration – that may pertain to food products you may be serving. It is critical that we release this information to as many people as quickly as possible, to reduce the possibility of someone falling ill due to contaminated products. So that we can ensure that the information gets to the appropriate person at your food service establishment in a timely fashion, please provide an email address (preferred) or a fax number that is checked daily by someone with knowledge of the food products your establishment sells.

Email: \_\_\_\_\_ or Fax: \_\_\_\_\_

I, the undersigned, hereby apply for a license to operate a Food Service Establishment in the Town of Greenwich. If granted, I agree to give permission to the Greenwich Department of Health to inspect as often as deemed necessary, and I will abide by all provisions of State and Local regulations regarding eating and drinking places.

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print

Signature of Applicant: \_\_\_\_\_

**\*Please provide all information requested. Incomplete applications will be returned.**