



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

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 (Circle 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): **YES / NO**

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.**