

FEE: \$ _____ . _____
Fee is Non-Refundable

Application To Operate a Food Facility

*Fee Schedule
on Reverse Side*

Business Name: _____ **Phone:** (_____) _____

Business e-mail Address: _____ **Business Fax:** (_____) _____

Business Address: _____ **Town:** _____

Mailing Address: _____ **Town:** _____ **ZIP:** _____

Name of Person(s) in Charge (PIC): "Person in charge" means the individual(s) present at a food establishment who is responsible for the operation at the time of inspection. In class 2, 3 and 4 food service establishments, the person in charge shall be a **Certified Food Protection Manager (CFPM)** who has shown proficiency of required information through passing a test that is part of an accredited program. Please list all **PICs** and include their valid **CFPM** certificates.

Name of PIC	CFPM Certificate Exp. Date	Name of PIC	CFPM Certificate Exp. Date

<p>Primary Service: (Check one:)</p> <p><input type="checkbox"/> Food Establishment <input type="checkbox"/> Food Store</p> <p><input type="checkbox"/> Food Establishment/Catering <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Casual Catering Food Service</p>	<p>Additional Services: (Check all that apply)</p> <p><input type="checkbox"/> Take Out <input type="checkbox"/> Delivery</p> <p><input type="checkbox"/> Catering <input type="checkbox"/> Permitted outdoor patio dining</p> <p><input type="checkbox"/> Seasonal</p>
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Type of Ownership: (Mark one) Individual Partnership Corporation Other

If Individual Ownership:

Name: _____ Phone: (_____) _____

Home Address: _____ Town: _____ ZIP: _____

If Partnership, List all Partners: (use separate paper, if necessary)

Name: _____ Phone: (_____) _____

Home Address: _____ Town: _____ ZIP: _____

Name: _____ Phone: (_____) _____

Home Address: _____ Town: _____ ZIP: _____

If Corporation, list Corporation Name and all Officers:

Corporation Name: _____ Phone: (_____) _____

Address: _____ Town: _____ ZIP: _____

I attest that the information supplied here is accurate and correct. I understand that this permit may not be issued or, after issuance, may be suspended, revoked or not renewed for noncompliance with the Health District Sanitary Code and/or the FDA Code.

Signature and Title

TYPE or Print Name

Date

For Office Use Only

Date Application Approved:	Date Permit Issued:	Date Mailed/Delivered
By:	By:	By:

ASPETUCK HEALTH DISTRICT

CATEGORIZATION OF FOOD ESTABLISHMENTS AND FEE SCHEDULE

CATEGORIZATION	DESCRIPTION	ANNUAL FEE
Class 1	A retail food establishment that does not serve a population that is highly susceptible to food-borne illnesses and only offers (A) commercially packaged food in its original commercial package that is time or temperature controlled for safety, or (B) commercially prepackaged, precooked food that is time or temperature controlled for safety and heated, hot held and served in its original commercial package not later than four hours after heating, or (C) food prepared in the establishment that is not time or temperature controlled for safety. Also includes establishments that serve or sell only pre-packaged, non-time/temperature control for safety (TCS) foods.	\$195.00
Class 2	A retail food establishment that does not serve a population that is highly susceptible to food-borne illnesses and offers a limited menu of food that is prepared or cooked and served immediately, or that prepares or cooks food that is time or temperature controlled for safety and may require hot or cold holding, but that does not involve cooling.	\$325.00
Class 3	A retail food establishment that (A) does not serve a population that is highly susceptible to food-borne illnesses, and (B) offers food that is time or temperature controlled for safety and requires complex preparation, including, but not limited to, handling of raw ingredients, cooking, cooling, and reheating for hot holding.	\$495.00
Class 4	A retail food establishment that serves a population that is highly susceptible to food-borne illnesses, including, but not limited to, preschool students, hospital patients and nursing home patients or residents, or that conducts specialized food processes, including, but not limited to, smoking, curing or reduced oxygen packaging for the purposes of extending the shelf life of the food.	\$495.00
Food Establishment	6 months or less	\$295.00
Seasonal	6 months or less	\$295.00
Mobile Vendor		\$295.00
Seasonal Ice Cream Vendor	pre-packaged	\$95.00
Re-Inspection	after 1 re-inspection per year	\$200.00 Per inspection