

ASPETUCK HEALTH DISTRICT

180 Bayberry Lane, Westport, CT 06880-2855 Telephone: (203) 227-9571

FEE: \$ _____. <i>Fee is Non-Refundable</i>

Application To Operate a Food Facility

<i>Fee Schedule on Reverse Side</i>

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, unless exempt by state statute. Please list all **PICs** and include their valid **CFPM** certificates.

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

Primary Service: (<i>Check one:</i>) <input type="checkbox"/> Food Establishment <input type="checkbox"/> Food Store <input type="checkbox"/> Food Establishment/Catering <input type="checkbox"/> Other <input type="checkbox"/> Casual Catering Food Service	Additional Services: (<i>Check all that apply</i>) <input type="checkbox"/> Take Out <input type="checkbox"/> Delivery <input type="checkbox"/> Catering <input type="checkbox"/> Permitted outdoor patio dining <input type="checkbox"/> Seasonal
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Type of Ownership: (Mark one) <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other
<u>If Individual Ownership:</u> Name: _____ Phone: (____) _____ Home Address: _____ Town: _____ ZIP: _____
<u>If Partnership, List all Partners:</u> (<i>use separate paper, if necessary</i>) Name: _____ Phone: (____) _____ Home Address: _____ Town: _____ ZIP: _____
Name: _____ Phone: (____) _____ Home Address: _____ Town: _____ ZIP: _____
<u>If Corporation, list Corporation Name and all Officers:</u> (<i>use separate paper, if necessary</i>) 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 Food Code. *The individual signing the Application is the "holder" of the Permit. Their name will appear on the Permit which is **NOT TRANSFERABLE** to another individual or location. Please type or print your name legibly next to your signature.*

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	Examples include most convenience store operations, hot dog carts, and coffee shops. Establishments that serve or sell only pre-packaged, non-time/temperature control for safety (TCS) foods. Establishments that prepare only non-TCS foods. Establishments that heat only commercially processed TCS foods for hot holding. No cooling of TCS foods. Establishments that would otherwise be grouped in Category 2 but have shown through historical documentation to have achieved active managerial control of foodborne illness risk factors.	\$195.00
Class 2	Examples may include retail food store operations, schools not serving a highly susceptible population, and quick service operations. Limited menu. Most products are prepared/cooked and served immediately. May involve hot and cold holding of TCS foods after preparation or cooking. Complex preparation of TCS foods requiring cooking, cooling, and reheating for hot holding is limited to only a few TCS foods. Establishments that would otherwise be grouped in Category 3 but have shown through historical documentation to have achieved active managerial control of foodborne illness risk factors. Newly permitted establishments that would otherwise be grouped in Category 1 until history of active managerial control of foodborne illness risk factors is achieved and documented.	\$325.00
Class 3	An example is a full-service restaurant. Extensive menu and handling of raw ingredients. Complex preparation including cooking, cooling, and reheating for hot holding involves many TCS foods. Variety of processes require hot and cold holding of TCS food. Establishments that would otherwise be grouped in Category 4 but have shown through historical documentation to have achieved active managerial control of foodborne illness risk factors. Newly permitted establishments that would otherwise be grouped in Category 2 until history of active managerial control of foodborne illness risk factors is achieved and documented.	\$495.00
Class 4	Examples include preschools, hospitals, nursing homes, and establishments conducting processing at retail. Includes establishments serving a highly susceptible population or that conduct specialized processes, e.g., smoking and curing; reduced oxygen packaging for extended shelf-life.	\$495.00
New Food Establishment	6 months or less left in licensure period	\$295.00
Seasonal	6 months or less	\$295.00
Mobile Vendor		\$295.00
Mobile Ice Cream Vendor	pre-packaged	\$95.00
Re-Inspection	after 1 re-inspection per year	\$200.00 Per inspection