



Aspetuck Health District 180 Bayberry Lane, Westport, Connecticut 06880
T: 203-227-9571 F: 203-221-7199 W: www.aspetuckhd.org

Fee: \$285

Multi-Vendor Kitchen Use Application

Property Owner: _____

Property Owner's Address: _____

Telephone: (____) _____ **Fax:** (____) _____

E-Mail Address: _____

Details of the Operation

Business Owner: _____

Telephone # _____ **E-Mail Address:** _____

Name of Business: _____

Location of Business: _____

Day(s) of Operation: _____ **Anticipated Tenants (Total)** _____

Hours of Operation: _____ **Hours of Food Service:** _____

_____ **No. of Food Operators** _____

Directions:

The applicant must complete this application and any following attachments. The application must be completed and submitted with payment to the Aspetuck Health District 14 days prior to the opening of the operation/location. Any change in operation or equipment etc., must be submitted to the health district for prior approval.

For Office Use Only

Paid: **Cash** ☐ **Check** ☐ **Check Number** _____

Date Application Submitted:	Date Application Approved:	Date Permit Issued:
By:	By:	By:

Notes/Conditions: (i.e. DCP approval required, raw fish, special processes, CFPM)

Revised 3/25/2025



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Please fill in the information below:

1. Do you have a pest control plan/contract for this location? Please provide a copy.

Yes ☐

No ☐

2. Do you have a garbage removal contract? Please provide a copy.

Yes ☐

No ☐

3. Do you accept the responsibility to vet each sub-leasee to assure the proper and adequate equipment and space is available for the product and use of this kitchen?

Yes ☐

No ☐

4. Do you accept the responsibility that this kitchen facility is maintained in a safe, sanitary, code-complying manner?

Yes ☐

No ☐

5. Do you accept as your responsibility the notification to tenants that they must comply with all local and State codes?

Yes ☐

No ☐

6. Does this property have: Septic ☐ Sewer ☐ - Water System: Well ☐ Public ☐

7. Please provide any additional information about what you will be doing that should be considered.

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the regulatory office may nullify final approval.

Signature (s) _____

Date _____

