***FEE:* $_____.___**
Fee is Non-Refundable

ASPETUCK HEALTH DISTRICT

Fee Schedule on Reverse Side

Application To Operate a Food Facility

Business Name: _____ **Phone:** (____) _____
Business e-mail Address: _____ **Business Fax:** (____)_____
Business Address: _____ **Town:** _____
Mailing Address: _____ **Town:** _____ **ZIP:** _____
Dates Operating (Seasonal): From _____ to _____

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 **PIC**s and include their valid **CFPM** certificates.

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

Primary Service: *(Check one:)*
☐ Food Establishment ☐ Other
☐ Food Establishment/Catering
☐ Food Store

***Additional* Services:** *(Check all that apply)*
☐ Take Out ☐ Delivery
☐ Catering ☐ Permitted outdoor patio dining ☐ Seasonal

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: ***(use separate paper, if necessary)***
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
Aspetuck Health District 180 Bayberry Lane, Westport, Connecticut 06880
T: 203-227-9571 F: 203-221-7199 W: www.aspetuckhd.org

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 prepackaged, non-time/temperature control for safety (TCS) foods.	**$255.00**
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.	**$395.00**
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.	**$560.00**
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.	**$560.00**
Multi-vendor Kitchen Use		**$285.00**
Pop-Up Café		**$95.00**
Food Establishment Patio Review		**$120.00**
New Food Establishment	6 months or less left in licensure period	**$375.00**
Supermarkets		**$800.00**
Seasonal	6 months or less	**$305.00**
Mobile Itinerant Vendor		**$375.00**
Mobile Ice Cream Vendor	pre-packaged	**$105.00**
Re-Inspection	after 1 re-inspection per year	**$210.00 Per inspection**

Revised 3/25/2025