



TOWN OF WESTBROOK
HEALTH DEPARTMENT

866 BOSTON POST ROAD

WESTBROOK, CONNECTICUT 06498

(860) 399-3047 • Fax (860) 399-2084

FOOD SERVICE PERMIT APPLICATION

- Renewal Change of Ownership New Business Other _____

Name of Establishment: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone No.: _____ Emergency/Night Phone No.: _____

Fax No.: _____ E-mail: _____

Mailing Address, if different:

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Owner's Name: _____

Owner's Address: _____ City: _____ State: _____ Zip Code: _____

Phone No.: _____ Emergency/Night Phone No.: _____

Fax No.: _____ E-mail: _____

TYPE OF ESTABLISHMENT

- Café
- Catering (off premises)
- Convenience Store
- Day Care Facility
- Fast Food
- Full Service Restaurant
- Healthcare Facility
- School
- Take-out Only
- Other _____

CHECK APPROPRIATE INFORMATION FOR THE THREE CATEGORIES BELOW

1.) Water Supply

- Public Water
- Well Water

2.) Sewage Disposal

- Date of Cleaning _____
- Company Name _____

3.) Grease Disposal

- Indoor Grease Trap
- In-Ground Grease Trap
 - o Grease Rendering Container
 - o Size _____

Note: The CT State Dept. of Public Health – Water supplies section regulates well water supplies for food service operations. Compliance with requirements is required prior to issuance of a Food Service License.

Days and Hours of Operation: _____

Liquor License Number: _____ Consumer Protection Number: _____

Has your establishment been remodeled recently? Yes No If Yes, remodeling date: _____

Seating Capacity: _____ Number of Persons served daily: _____

PLEASE CHECK APPROPRIATE MENU CLASSIFICATION:

