



Fee Paid: _____ Check # _____ Cash: _____ Date: _____ Application #: _____
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TOWN OF WESTBROOK
HEALTH DEPARTMENT
 866 BOSTON POST RD.
 WESTBROOK, CT 06498
 860-399-9869 FAX: 860-399-2084

Food Service Establishment License Application

Annual License Valid: July 1-June 30

With this application, you must provide:

- **Current Menu**
- **Copy of Certified Food Protection Manager Certificate** (Required for Class 2, 3, and 4 food establishments)
- **Record of Septic Tank Pump Out within the Last 5 Years**
- **Applicable Fee**
 Annual Permit
 Class 1 = \$60.00 (Inspected 1 time per year)
 Class 2 = \$90.00 (Inspected 2 times per year)
 Class 3 = \$120.00 (Inspected 3 times per year)
 Class 4 = \$150.00 (Inspected 4 times per year)
Seasonal Permit Fee = Half of Annual Permit Fee

Check the top right corner of your most recent inspection report for classification.

Class 1 = means a retail food establishment that does not serve a population that is highly susceptible to foodborne illnesses and only offers (A) commercially packaged processed food that (i) is time or temperature controlled for safety and may be heated for hot holding, but (ii) is not permitted to be cooled, or (B) food prepared in the establishment that is not time or temperature controlled for safety. This correction was necessary to better reflect the intent of the lowest risk classification and should alleviate some of the issues raised by local health departments.

Example: Gas stations that reheat commercially packaged food that is hot held in its original packaging only, such as a breakfast sandwich.

Class 2 = means 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, cooked and served immediately, or that prepares and cooks food that is time or temperature controlled for safety and may require hot or cold holding, but that does not involve cooling. **Example:** Fast food restaurants that do not cool hot foods, gas stations that heat bulk time-temperature controlled for safety (TCS) foods, but do not cool hot foods, schools that do not cool hot foods.

Class 3 = means a retail food establishment that (A) does not serve a population that is highly susceptible to food-borne illnesses, and (B) has an extensive menu of foods, many of which are time or temperature controlled for safety and require complex preparation, including, but not limited to, handling of raw ingredients, cooking, cooling and reheating for hot holding. **Example:** Full service restaurants or delis that cool hot foods such as large batches of soups or meat

Class 4 = means 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. **Example:** Hospitals, long-term care facilities, preschools that provide food service, establishments that serve immune compromised individuals.

Date: _____

Name of Establishment: _____

Address: _____

Establishment Phone #: _____

Owner's Name: _____

Owner's Phone #: _____

Owner's Address: _____

Owner's Email: _____

24/7 Emergency Phone #: _____

Does the Food Establishment have a power generator for electrical outages? _____

Property/Building Owner's Name: _____

Property/Building Owner's Phone #: _____

Days and Hours of Operation: _____

Number of Seats Inside: _____ Outside: _____

Name of Certified Food Protection Manager(s):

Name of Designated Alternate(s) (Who is in charge when the Certified Food Protection Manager is not present?): _____

Applicant Name: _____ Date: _____

Applicant Signature: _____

***Note to Applicants:** For Class 2, 3, and 4 establishments, Food Worker Employee Training Documentation Forms must be documented and maintained on site for each food worker. Designated Alternate forms must also be documented and maintained on site.

Call or email the Westbrook Health Department with any questions.

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Lee Archer, RS
Phone: 860-399-3018
Email: LArcher@WestbrookCT.us

Office Use Only

Classification: _____

Menu Attached: _____

QFO Requirement Met: _____

Signature of Approval by Director of Health or Registered Sanitarian: _____

Date Issued: _____

Permit #: _____