

**WEST HARTFORD-BLOOMFIELD HEALTH DISTRICT**  
**580 Cottage Grove Road, Suite 100, Bloomfield, CT 06002**  
**(860) 561-7900, FAX (860) 561-7918**

**2017 APPLICATION FOR FOOD LICENSE**  
**Expires Annually on December 31<sup>st</sup>**  
**\*ALL SECTIONS MUST BE FILLED IN**

<b>FOR OFFICE USE ONLY</b>
Class: _____
Fee Paid: _____
Check #: _____
Recpt #: _____

Name of Establishment \_\_\_\_\_ Business Phone # \_\_\_\_\_

Address of Establishment \_\_\_\_\_ FAX # \_\_\_\_\_  
Street Town Zip Code

Mailing Address \_\_\_\_\_  
Street Town State Zip Code

**Billing Address** \_\_\_\_\_  
Street Town State Zip Code

Owner's Name(s) \_\_\_\_\_

Officers' Names (if incorporated) \_\_\_\_\_

Owner's Address \_\_\_\_\_  
Street Town State Zip Code

Owner's Home/Emergency Phone # \_\_\_\_\_ Owner's E-Mail \_\_\_\_\_

Manager/Operator's Name \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Town State Zip Code

Home/Emergency Phone # \_\_\_\_\_ Manager's E-Mail \_\_\_\_\_

Seating Capacity \_\_\_\_\_ Days/Hours of Operation \_\_\_\_\_

Name of Qualified Food Operator: \_\_\_\_\_

**(REQUIRED for Class 3 and 4 establishments ONLY—please attach a copy of QFO certificate)**

**PROVIDE NAME AND PHONE NUMBER OF THE PERSON(S) TO CONTACT IN CASE OF EMERGENCY:**

\_\_\_\_\_

**THE UNDERSIGNED AGREES TO COMPLY WITH ALL OF THE REGULATIONS AND ORDINANCES ENFORCED BY THE WHBHD AND THE CONNECTICUT PUBLIC HEALTH CODE. THE WHBHD MUST BE NOTIFIED IF THERE ARE CHANGES IN THE MENU, FACILITY, QUALIFIED FOOD OPERATOR, EQUIPMENT OR ANY OF THE ABOVE LISTED INFORMATION.**

Applicant (Please Print) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_