The West Haven Health Department

355 Main Street 2nd Floor ▪ West Haven, CT▪ 203-937-3660 ▪ Fax 203-937-3976

APPLICATION FOR A PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT

License is NOT transferrable between persons or places.

TYPE OF FOOD ESTABLISHMENT (PLEASE CHECK ONE)		CLASSIFICATION/FEE		FOR OFFICE USE ONLY:
☐ RESTAURANT	☐ CATERER	☐ Class 1	$175.00	New FSE Application Fee $50
☐ RETAIL FOOD STORE/DELI	☐ INSTITUTIONAL FACILITIES	☐ Class 2	$275.00	Permit fee:_____
☐ BAR/CAFÉ	☐ BAKERY	☐ Class 3	$375.00	Total fee: _____
☐ CHURCH	☐ SCHOOL	☐ Class 4	$475.00	Date paid: _____
☐ DAYCARE		☐ CATERING	$375.00	Date permit issued: _____

Name of Business: _____ Business Phone: _____

Business Address: _____ Zip Code: _____

Business MAILING Address: _____City: _____

Zip Code: _____Business Email Address: _____

Name of Permit Holder/Owner: _____Cell Phone: _____

Permit Holder/Owner Home Address: _____City: _____

State: _____Zip: _____Home Email Address: _____

A CERTIFIED FOOD PROTECTION MANAGER (CFPM) CERTIFICATE FROM AN APPROVED TESTING INSTITUTION IS REQUIRED FOR ALL CLASS 2,3 AND 4 ESTABLISHMENTS. A COPY OF CURRENT CFPM CERTIFICATE AND A MENU MUST BE SUBMITTED WITH THIS APPLICATION.

Name of CFPM: _____Cell Phone Number: _____

Signature of CFPM: _____

Person in Charge of CLASS 1 Establishment: _____

BASED ON THE FDA FOOD CODE 6-501-111 ALL FOOD ESTABLISHMENTS MUST HAVE AN EXTERMINATOR UNDER CONTRACT

Name of Exterminator: _____ Date of Most Recent Service: _____

A COPY OF YOUR CURRENT EXTERMINATOR CONTRACT MUST BE SUBMITTED WITH THIS APPLICATION.

Pursuant to Chapter 115-10 of the Food Establishments Code of the City of West Haven, Connecticut, application is hereby made for a license to operate a food establishment. By this application it is hereby agreed that the food establishment will comply with applicable provisions of the Connecticut State Public Health Code and the Code of Ordinances of the City of West Haven, Connecticut.

Signature of Applicant/Owner: _____Date: _____

TAX DEPARTMENT

Revised on 3/8/2024

For NEW Establishment/Ownership Change Use Only

_____ **Fire Marshal's Office**

_____ **Building Department**

_____ **Zoning Department**

_____ **Water Pollution Control (WPCA)**