



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	☐ 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 First 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

For NEW Establishment/Ownership Change Use Only

Fire Marshal's Office

Building Department

Zoning Department

Water Pollution Control (WPCA)

Approved & Accredited Testing Organizations for Certified Food Protection Manager (CFPM)

SERV Safe®

ServSafe Food Protection Manager Certification Program

Phone: 1-800-765-2122

Website: www.servsafe.com

National Registry of Food Safety Professionals (NRFSP)

Food Protection Manager Certification Program

Phone: 1-800-446-0257

Website: www.nrfsp.com

AAA Food Safety

Certified Food Protection Manager

Phone: 1-714-592-4100

Website: <https://aaafoodhandler.com/food-manager-certification>

360Training.com®

Learn2Serve Food Protection Manager Certification Program

Phone: 1-877-881-2235

Website: www.360training.com

Responsible Training/Safeway Certifications, LLC

Food Protection Manager Certification

Phone: 1-866-409-9190

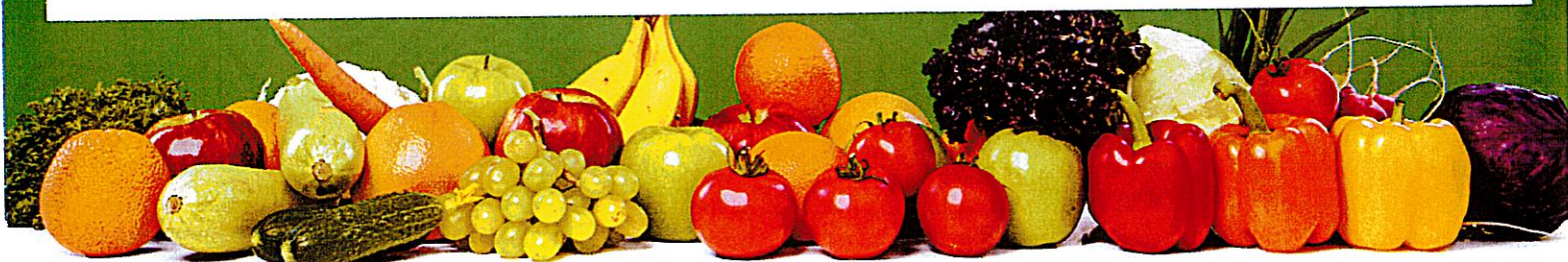
Website: www.responsibletraining.com

Certus/State Food Safety

Certified Food Protection Manager

Phone: 1-801-494-1416

Website: www.statefoodsafety.com





West Haven Health Department
355 Main Street 2nd Floor
West Haven, CT 06516

2023 Fee Schedule - Effective September 1, 2023

FOOD ESTABLISHMENTS

FOOD ESTABLISHMENT PERMIT

Class I	\$175.00
Class II	\$275.00
Class III	\$375.00
Class IV	\$475.00
Catering Establishment	\$375.00
Food Service Establishment Plus Catering Service	\$100.00
Non - Profit Organizations	\$15.00
Food Service Plan Review	\$150.00
Change of Ownership	\$80.00
Remodeling Plans	\$80.00

FOOD ESTABLISHMENT INSPECTION FEES

Food Establishment Re- Inspection Fee	\$100.00
Food Establishment Re- Inspection Fee (Second)	\$200.00

ITINERANT FOOD SERVICE ESTABLISHMENT (MOBILE UNIT)

Annual (12 months - based on class)

Class I	\$150.00
Class II	\$250.00
Class III	\$350.00
Non-Profit Organizations	\$15.00
Plan Review - (New Vendors Only)	\$100.00

TEMPORARY FOOD SERVICE EVENTS

Temporary Permit Fee (From 1 to 14 days maximum)	\$150.00
Permit Application Fee if received less than 10 business days before the event	\$200.00
Permit Application Fee if you have a current West Haven Health Department permit	\$25.00
Non- profit organizations	\$15.00

FARMER'S MARKET

Farmers	NO FEE
Preparation of Food	\$100.00
Cutting Fruits and Vegetables	\$100.00

COTTAGE FOODS (certain foods prepared at home) - in accordance with DPH/DCP guidance

Sampling	\$100.00
No Sampling	NO FEE

COSMETOLOGY PERMITS

1 - 5 Work Stations	\$150.00
6 -10 Work Stations	\$200.00

More than 10 Workstations	\$250.00
Plan Review	\$100.00
TATTOOS	
Annual Permit	\$300.00
Plan Review	\$100.00
DAYCARES	
Inspections (every 2 years)	\$100.00
SWIMMING POOLS	
Annual Permit	\$100.00
Re-Inspection Fee	\$50.00
SEPTIC SYSTEMS	
Soil Testing (per lot)	\$80.00
Repair	\$150.00
Tank Replacement	\$100.00
New Septic System	\$200.00
Subdivision (per lot)	\$50.00
Engineering Plan Review	\$100.00
B100A	\$50.00
WELLS	
Permit to Install	\$100.00
Well Abandonment	\$50.00
PENALTY FEES	
Operating without an Establishment Permit	\$200.00
Unlicensed Professionals (Salons, Barbers) per violation	\$100.00
Certified Food Protection Manager (CFPM) -after 60 days of the CFPM deficiency	\$50.00
Late Permit Renewal Fees - <u>All Permits</u>	
1. Per day beyond renewal due date -(up to 10 days)	\$10.00
2. PLUS a fee for operating without a permit (after 10 days)	\$200.00
** May be subjected to a "Reinstatement Fee"***	
MISCELLANEOUS	
Photocopies	\$.50 each
Insufficient Fund Fee	\$25.00
Updated 9/1/23	

FORM 1-B Conditional Employee or Food Employee Reporting Agreement

Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on Illness due to Norovirus, *Salmonella* Typhi, *Shigella* spp., or Shiga toxin-producing *Escherichia coli* (STEC), nontyphoidal *Salmonella* or Hepatitis A Virus

The purpose of this agreement is to inform conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

Any Onset of the Following Symptoms, Either While at Work or Outside of Work, Including the Date of Onset:

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (such as boils and infected wounds, however small)

Future Medical Diagnosis:

Whenever diagnosed as being ill with Norovirus, typhoid fever (*Salmonella* Typhi), shigellosis (*Shigella* spp. infection), *Escherichia coli* O157:H7 or other STEC infection, nontyphoidal *Salmonella* or hepatitis A (hepatitis A virus infection)

Future Exposure to Foodborne Pathogens:

1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or hepatitis A.
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to STEC, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other STEC infection, or hepatitis A.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the **Food Code** and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Conditional Employee Name (please print) _____

Signature of Conditional Employee _____ Date _____

Food Employee Name (please print) _____

Signature of Food Employee _____ Date _____

Signature of Permit Holder or Representative _____ Date _____

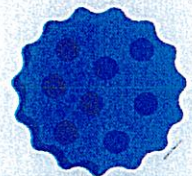
Clean-up Procedure for Vomit and Fecal Matter

1 ISOLATE THE AREA

- Promptly remove ill employees and customers from areas where food is being prepared or stored
- Cover the vomit or fecal matter with disposable cleaning towels



Foodborne diseases can be spread by food, water, or hand-to-mouth contamination, such as from contact with fecal matter, vomit, or contaminated surfaces.



Norovirus is one of the most common causes of foodborne illness. It can spread from hand-to-mouth contamination and by air.

If you have experienced vomiting and/or diarrhea, report this to your supervisor and do not handle food until cleared to do so!

2 DISINFECT

- Wear **personal protective equipment**, including disposable gloves, a mask, a gown or apron, and shoe covers
- Wipe vomit/feces with disposable cloth soaked in soap and water and put in a garbage bag; use baking soda or kitty litter for carpet or upholstery
- Mix 1000-5000ppm or 5-25 tablespoons of **household bleach** (5.25%) per gallon of water - make sure the area is ventilated
- Apply the bleach solution on the wiped area and let stand for at least 10 minutes or allow to air dry
- Place all disposable protective materials in a garbage bag and dispose in the dumpster; wash and disinfect all non-disposable materials that were used during the clean-up
- Properly **wash your hands** and, if possible, take a shower and change your clothes
- Throw away any food that may have been exposed in the affected area

3 DOCUMENT

- Document information of the person(s) who was/were ill; include their name, address, age, travel history (within the last few days), and a 3-day food consumption history
- Complete an **incident report** of the actions that were taken as a result of the individual(s) being sick; include the location of the incident, the time and date, and the procedures of the clean-up process
- Keep these documents on file for at least **one year**

Food Allergen Awareness Training Form

“BIG 9” Major Food Allergens – peanuts, tree nuts, fish, shellfish, eggs, milk, wheat, soy and sesame.

Pursuant to Connecticut General Statute Section 19a -36g. The Certified Food Protection manager shall ensure that each employee of the food establishment has been trained and has viewed the Food Allergen Awareness poster. It is required that each employee confirm, in writing, that they understand the information displayed on the poster.

Training shall include but not necessarily be limited to:

- Identifying cross-contact (cross-contamination).
- Preventing cross contact (contamination).
- Allergy symptoms to look for in a customer.
- Effective communication with customers.
- When to contact 911.
- Be knowledgeable of menu items and specific ingredients.
- Report allergen information to manager or person in charge and food preparation staff.

The Certified Food Protection Manager (CFPM) is responsible for completing the Food Allergen Awareness Training and maintaining employee training records.

Sample of Employee Training Sheet

Name of Establishment: _____

Address of Establishment: _____

Employee Name: _____

Employee Title: _____

Date of Employee Training: _____

Print Name: _____

(Manager or Person in Charge)

FOOD ALLERGEN AWARENESS

You play an important part!

Know the "BIG 9" Major Food Allergens



Peanuts



Tree Nuts



Fish



Shellfish



Eggs



Milk



Wheat



Soy



Sesame

When a Customer Notifies You That They Have a Food Allergy

- **Take it seriously.** Allergic reactions can be life-threatening.
- **Report** allergy information to the manager or person in charge.
- **Report** allergy information to food preparation staff.
- **Know** about the menu items and their specific ingredients.
- **Provide accurate information** to customers with food allergies.
- **Communicate effectively** with customers about their concerns.

Allergy Symptoms to Look Out For



Wheezing



Skin reactions like hives, swelling, or itching



Anaphylaxis including trouble breathing & dizziness



Burning sensation in the lips & mouth



Runny Nose



Itchy & Watery Eyes

Cross Contact

Cross Contact occurs when an allergen touches an ingredient that does not contain the allergen. For example, when tongs used for fish touches lettuce or other nonallergen food.

Preventing Cross Contact

- Label allergens in storage and store away from non-allergens.
- Wash hands, utensils, and surfaces between allergen and non-allergen foods. Sanitize surfaces, as needed.
- Use clean utensils and equipment for food preparation. Wear clean disposable non-latex gloves.
- Be aware of cooking oil, splatter, and steam from cooking foods with allergens.

CALL 911 IMMEDIATELY IF YOU OBSERVE ANY OF THE SYMPTOMS AND NOTIFY YOUR MANAGER.

