



# Farmington Valley Health District

95 River Road, Suite C

Canton, CT 06019

Phone (860) 352-2333

Fax (860) 352-2542

Avon • Barkhamsted • Canton • Colebrook • East Granby • Farmington • Granby • Hartland • New Hartford • Simsbury

## APPLICATION FOR ANNUAL FOOD SERVICE PERMIT

Establishment Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Street Town Zip

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
(IF DIFFERENT THAN ABOVE)

Hours of Operation: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name of Manager: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name of Qualified Food Operator: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name of Designated Alternate: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(REQUIRED FOR CLASS 3 AND 4 ESTABLISHMENTS: PLEASE ATTACH COPIES OF QFO AND DA CERTIFICATES)

Water Source: ☐ Public Water Name of Water Company: \_\_\_\_\_  
☐ Well Water Date of Water Analysis: \_\_\_\_\_  
(PLEASE ENCLOSE A COPY OF CURRENT WATER REPORT)  
Sewage Disposal: ☐ Public Sewer  
☐ Septic System Date of Last Pumping: \_\_\_\_\_  
(PLEASE ENCLOSE A COPY OF YOUR LAST BILL)

I acknowledge that receipt and retention of this permit depends on compliance with the Public Health Code Regulations 19-13-B42. I attest that the above information is correct.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE**

Permit Number: \_\_\_\_\_ Class: \_\_\_\_\_ Fee Due: \_\_\_\_\_ Permit Issue Date: \_\_\_\_\_