

**West Hartford-Bloomfield Health District
580 Cottage Grove Road, Suite 100
Bloomfield, Connecticut 06002
PHONE: (860) 561-7900 Fax: (860) 561-7918**

APPLICATION FOR OUTDOOR DINING DURING COVID-19 PANDEMIC

Directions:

The operator of each Food Service Establishment requesting to provide outdoor dining during the COVID-19 Pandemic must complete this application.

The application must be completed and submitted to the West Hartford-Bloomfield Health District, once reviewed by the West Hartford-Bloomfield Health District, the applicant will be notified of their status and an inspection will be scheduled.

In addition, each operator must provide:

- COVID-19 Ill employee policy.
- Establishment cleaning plan / checklist.
- A drawing of any alterations to the kitchen or any food preparation areas. Please include all equipment and location of hand wash sinks. If no changes are made, please indicate that.
- A drawing of the proposed outdoor dining area, please include distance between tables/chairs, location of hand sanitizer, any other equipment.

Name & Address of the Food Establishment:

Name of Operator/Owner: _____

Individual who will train staff on Rules for Reopening: _____

Mailing Address: _____

E-Mail Address: _____

Telephone Number: _____

Current Number of Permitted Seats: _____

Proposed Number of Outdoor Dining Seats: _____

Method in which your establishment will maintain social distancing for restroom use:

Will your establishment provide personal protective equipment (PPE) to all employees? If Yes, what type of PPE? If No, what is your plan to acquire PPE for employees before reopening?

Statement: I hereby certify that I have read and fully understand the Rules for Re-opening Outdoor Dining set forth by Governor Ned Lamont and the Connecticut Department of Economic and Community Development. I am aware that any deviation from the above without prior permission from the West Hartford-Bloomfield Health District may nullify final approval.

Signature(s) _____

Date: _____

Approval of these plans and specifications by this West Hartford-Bloomfield Health District does **not** indicate compliance with any other code, law or regulation that may be required (i.e., federal, state, or local). An inspection of the establishment will be necessary to determine if it complies with the local and state laws governing food service establishments.

APPROVAL: _____ DATE: _____

Permit Restrictions: _____

Permit Effective Dates: _____

DISAPPROVAL: _____ DATE: _____

Reason(s) for Disapproval: _____

Reviewer Signature & Title

Date

Sketch Sheet 1

In the following space, please provide a drawing of your proposed alterations to kitchen or food preparation areas. **(Including all equipment and hand wash sink locations)**



Sketch Sheet 2

In the following space, please provide a drawing of your proposed outdoor dining area, including the method in which social distancing will be maintained. Please also include distance between tables/chairs, location of hand sanitizer, and any other equipment.

A large, empty rectangular box with a thin black border, intended for a hand-drawn sketch of an outdoor dining area. The box is currently blank.