

WEST HARTFORD-BLOOMFIELD HEALTH DISTRICT

580 Cottage Grove Road, Suite 100, Bloomfield, CT 06002

Phone (860) 561-7900*****Fax (860) 561-7918

2022 Application for Food License

Expires Annually on December 31st

******ALL SECTIONS MUST BE FILLED IN******

FOR OFFICE USE ONLY

Class: _____

Fee Paid: \$ _____

Check/M.O#: _____

Rept.#: _____

Establishment Name _____

Business Phone # _____ Fax# _____

Establishment Address _____
Street

Town State Zip Code

Mailing/Billing Address _____
(if different from above) Street

Town State Zip Code

Seating Capacity _____ Hours of Operation _____

Owner's Name(s) _____

Officers' Names (if incorporated) _____

Owner's Address _____
Street

Town State Zip Code

Owner's Home Phone # _____ Owner's E-Mail _____

Name of Certified Food Protection Manager: _____
Required for Class 2, 3, & 4 establishments

**** A copy of current certificate is required with this application. Expired certificates are not valid. ****

After Hours Contact Information: Name _____ Phone _____

Specialized Cook Processes: (Please check all processes used in food establishment)

<input type="checkbox"/> Reduced Oxygen Packaging/Sous Vide	<input type="checkbox"/> Live Molluscan Shellfish Tanks
<input type="checkbox"/> Acidation of Sushi Rice	<input type="checkbox"/> Use of Food Additives
<input type="checkbox"/> Smoking	<input type="checkbox"/> Sprouted Seeds
<input type="checkbox"/> Curing	<input type="checkbox"/> Custom Processing of Animals
<input type="checkbox"/> Processing and Packaging Juice	<input type="checkbox"/> Other: _____

THE UNDERSIGNED AGREES TO COMPLY WITH ALL OF THE REGULATIONS & ORDINANCES ENFORCED BY THE WHBHD.
THE WHBHD MUST BE NOTIFIED IF THERE ARE CHANGES IN THE MENU, FACILITY, FOOD PROTECTION MANAGER,
EQUIPMENT OR ANY OF THE ABOVE LISTED INFORMATION.

Applicant (Please Print) _____
Applicant's Signature