

WEST HARTFORD-BLOOMFIELD HEALTH DISTRICT

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

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

2025 Application for Food License

Expires Annually on December 31st

****** ALL SECTIONS MUST BE COMPLETED ******

FOR OFFICE USE ONLY

Class: _____

Fee Paid: \$ _____

Check/M.O#: _____

Rcpt.#: _____

CC Approval#: _____

Establishment Name _____

E-Mail _____

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)

___ Reduced Oxygen Packaging/Sous Vide

___ Acidation of Sushi Rice

___ Smoking

___ Curing

___ Processing and Packaging Juice

___ Live Molluscan Shellfish Tanks

___ Use of Food Additives

___ Sprouted Seeds

___ Custom Processing of Animals

___ 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