

WEST HARTFORD-BLOOMFIELD HEALTH DISTRICT

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

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

2024 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