



**Madison Health Department**  
**FOOD SERVICE ESTABLISHMENT LICENSE APPLICATION**  
 8 Campus Drive, Madison, CT 06443

**READ CAREFULLY/PLEASE COMPLETE ALL SECTIONS**

Name of Establishment:	Name of Licensee/Operator:
Address of Establishment:	Name of Owner:
Mailing Address:	Home Address:
Business Phone #:	Home/Cell Phone #:
Fax #:	E-Mail:
Indicate type of service:    Public water _____    Private Well (2.) _____ Public sewers _____    Septic System (3.) _____	
(1.) Name of QFO: (Copy of Certificate Required with This Application)	
(2.) Name of Designated Alternate:	

1. Copy of Qualified Food Operator documentation and Designated Alternate form. (Required for all Class 3's and 4's)  
*Initial and annual in-house training of all food handlers must be documented, maintained, and made available for review by inspector upon request.*
2. Copy of Well Water Analysis (Bacteria, pH, color, odor, and turbidity water analysis - **required annually**)
3. Copy of Septic System current pump out (within 2 years) – *shall be pumped on a regular basis, but no less than once every two years.*
4. Copy of Menu - Menus must include the following consumer advisory: *“Thoroughly cooking meats, poultry, seafood, shellfish, or eggs reduces the risk of foodborne illness.”*
5. Floor plan of establishment with equipment schedule

**Annual License Fee is Determined by Class of Establishment. Under the Health and Sanitation Ordinance, Chapter 10**

Class I	<b>\$75.00</b>
Class II	<b>\$100.00</b>
Class III	<b>\$125.00</b>
Class IV	<b>\$150.00</b>
Non-Profit	<b>No Fee</b>

I HEREBY certify that I am the owner/operator of the subject food service establishment. **I understand that the food service license is not transferable.** I further understand that future renovations must be reviewed and approved by the Health Department prior to the start of any construction. The food service license expires June 30 and must be renewed annually

Sign Here \_\_\_\_\_ (Print Name) \_\_\_\_\_

Corporation members: \_\_\_\_\_

\*If corporation, include name of officer/title.

**FOR OFFICE USE ONLY**

**Date License Issued** \_\_\_\_\_

**Class of Establishment** \_\_\_\_\_

**Amount/Date Fee Paid** \_\_\_\_\_

**License no.** \_\_\_\_\_

*If this application represents a new restaurant or change of ownership for a food establishment classified as a Class 3 or Class 4, a memorandum will be forwarded to the Sewer Department for their files. You may be subject to inspection by their department for a proper grease trap.*

**Class I** is a food service establishment with commercially prepackaged foods and/or hot or cold beverages only. No preparation, cooking or hot holding of potentially hazardous foods is included; except that commercially packages pre-cooked foods may be heated and served in the original package within four hours.

**Class II** is a food service establishment using cold or ready-to-eat commercially processed food requiring no further heat treatment and/or hot or cold beverages. No cooking, heating or hot holding of potentially hazardous foods is included, except that commercially packaged pre-cooked foods may be heated and served in the original package within four hours, and commercially precooked hot dogs, kielbasa and soup may be heated if transferred directly out of the original package and served within four hours.

**Class III** is a food service establishment having on the premises exposed potentially hazardous foods that are prepared by hot processes and consumed by the public within four hours of preparation.

**Class IV** is a food service establishment having on the premises exposed potentially hazardous foods that are prepared by hot processes and held for more than four hours prior to consumption by the public.

**\*Sign-off from departments as indicated required prior to licensure\***

1) Fire Marshall Office \_\_\_\_\_

2) Building Department \_\_\_\_\_

3) Water and Sewer Department \_\_\_\_\_