North Central District Health Department

□ Enfield—31 North Main Street, Enfield, CT 06082 * (860) 745-0383 Fax (860) 745-3188
□ Vernon—375 Hartford Turnpike, Room 120, Vernon, CT 06066 * (860) 872-1501 Fax (860) 872 1531
□ Windham—Town Hall, 979 Main Street, Willimantic, CT 06226 * (860) 465-3033 Fax (860) 465-3034
□ Stafford—Town Hall, 1 Main Street, Stafford Springs, CT 06076 * (860) 684-5609 Fax (860) 684-1768

Patrice A. Sulik, MPH, R.S.
Director of Health

Food Service License Renewal

Complete applications (with fee and 2 forms) are due on or before October 31, 2017

Applications postmarked or received *after Tuesday, October 31, 2017*, will be charged an additional late fee equal to your full license fee.
NO EXCEPTIONS.
This is the only notification you will receive on this late fee.

1. Complete the enclosed license application in its entirety and return it, along with the appropriate license fee. All license renewals must be sent to the ENFIELD office at 31 North Main Street, Enfield, Connecticut 06082. Please note: We no longer have a post office box. You MUST use the street address: 31 North Main Street, Enfield, CT 06082.

2. Provide your current e-mail address so that NCDHD can contact you directly in case of a product recall, food safety matters or to e-mail inspection reports.

3. Complete the Qualified Food Operator Registration Form (lavender form) and return it with your license renewal application. Send a photocopy of your certificate if you have changed your QFO since October 2016.

4. If your establishment is on a private well or private water supply, you must submit a Certified Water Analysis *collected by laboratory personnel in 2017.*

5. If your establishment is served by a septic system, you must submit a current Septic Pumper's Report (for year 2017).

6. If your establishment has an exterior, in-ground grease trap, you must submit a current Pumper's Report (for year 2017).

7. FOOD SERVICE LICENSES ARE NOT TRANSFERABLE. IF YOU PLAN TO SELL YOUR BUSINESS, A FOOD LICENSE APPLICATION, INSPECTION AND SITE REVIEW ARE REQUIRED BEFORE THE NEW OWNER OPENS FOR BUSINESS; significant upgrades may be required.

8. If the Tax Collector informs us that you are delinquent on Personal Property Taxes, you must make arrangements for payment with the Tax Collector prior to being granted your license renewal.

If you have any questions about this process, please contact the office as soon as possible at 860-745-0383.

Sincerely,
Deborah A. Caronna
Deborah A. Caronna, MS, R.S.
Director of Food & Institutional Services

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APPLICATION FOR FOOD SERVICE LICENSE

Name of Establishment _____ Class_____

Establishment Address _____
(Street, City, State)

Phone No. _____ Fax No. _____ No. of Employees _____

e-mail address (required) _____

Mailing Address (if different) _____

Business Days/Hours _____

Name of Owner _____ Home/Emergency No. _____

Address of Owner _____

Name of Manager _____ Home/Emergency No. _____

Home Address of Manager _____

Permitted Seating Capacity _____ State Licenses: Bakery _____ Café _____ Liquor _____ Other _____

Liquor Permittee _____

Water Supply Type: (Check all that apply) Public Water _____ Private Well* _____ SHD Jurisdiction _____
***Please enclose a copy of your current water report.**

Sewage Disposal System Type: (Check all that apply) Public Sewer _____Septic System*_____ Grease Trap* _____
***Please enclose a copy of your current pumper's reports.**

FDA CLASS:	FEE:

I attest that the above information is correct.
*Please Note – There will be no refunds of Food Service License fees.

For Health Department Use Only

Amount Paid: _____

Restaurant ID No. _____

_____
Applicant's Signature

Date: _____

* SERVING: EAST WINDSOR * ELLINGTON * ENFIELD * STAFFORD * SUFFIELD * VERNON * WINDHAM * WINDSOR LOCKS

Public or Semi-Public Swimming Pool Reinspection as needed **Late Fee: For pools that operate year-round, a late fee is charged. Seasonal pools do not open until their fee is paid and they have a satisfactory inspection.**	$150 $200 **$150**
Hotels/Motels *20 rooms or less *21+ rooms Reinspection – as needed Hotel/Motel New Construction/C.O. Inspection **Late Fee – aligned with Licensure Fee**	 $200 $400 $400 $400 **$200-$400**
Well Permits	$150
Barber Shops, Hair Salons, Nail Salons: Annual Licensure Fee: 1-6 stations 7-12 stations 13+ stations Reinspection (if needed): Reinspection due to Failed Inspection Plan Review Fee (new and remodeled salons) Transfer of Ownership Inspection Fee Late Fee for Non-Payment of License Renewals by December 31st **(align with Licensure Fee)**	 $175.00 $250.00 $300.00 $125.00 $300.00 $100.00 $150.00 **$175-$300**
Lot Site Investigation (soil test, percolation test) Repair Lot Site Investigation	$200/lot $100/repair
Retest of Lot (lots which have to be retested at a later date dur to design changes or test holes not in area of septic system)	$150/lot
Individual Lot Plan Review (including lots approved through subdivision review)	$200
Revised Individual Lot Plot Plan	$100
Subdivision Plan Review (3 or more lots)	$100/lot
Subdivision Plan Review (2 lots)	$200/lot
Well Only Plan Review	$50
Septic Permits: New Repair New or Repair – Commercial New or Repair – over 2,000 gallons Septic Tank Replacement Only	 $250 $150 $300 $300 $100
Review/Approval for Proposed Addition, Conversion or Change of Use, Pool (including B-100's)	$50
Tattoo Parlor Filing Fee	$100/year

Q.F.O. Questionnaire
NORTH CENTRAL DISTRICT HEALTH DEPARTMENT
Does Your Establishment Need A Q.F.O.?
(Qualified Food Operator)

Establishment: _____ Town: _____

My Establishment Class is: _____ Name of QFO: _____

CLASS 1 ESTABLISHMENTS

Description of Food Preparation Permitted

- Commercially prepackaged food (e.g., cold commercially packaged sandwiches and sandwich meat and cheeses, pastries, confectioneries, etc.)
- Hot and cold beverages (e.g., coffee, tea, soft drinks, etc.)
- Hot and cold food preparation limited to non-potentially hazardous foods (e.g., popcorn, pretzels, donuts, etc.) **AND** potentially hazardous foods heated and served in original package within 4 hours (e.g., commercially prepared processed and packaged sandwiches).

Examples of Class 1 Establishments

- Convenience stores with prepackaged foods and beverages
- Coffee shops serving pastries, beverages and prepackaged foods

CLASS 2 ESTABLISHMENTS

Description of Food Preparation Permitted

- Cold or ready-to-eat foods including potentially hazardous foods may be prepared (e.g., cold deli sandwiches, salads, etc.)
- Commercially packaged precooked potentially hazardous foods may be heated and served in original package within 4 hours (e.g., commercially prepared processed and packaged sandwiches).
- Commercially precooked: hot dogs; kielbasa; and soups (not chili, stew or other canned products), may be heated if transferred directly out of the original package and served within 4 hours. (*Transferred directly out of the original package* means opening a can or package of soup that is in a ready-to-eat form and does not require the addition of water, milk or other ingredients.)

Examples of Class 2 Establishments

- Delicatessens
- Cafes
- Ice Cream and yogurt shops

CLASS 3 ESTABLISHMENTS

Description of Food Preparation Permitted

- Hot preparation of potentially hazardous foods allowed if served to the public within 4 hours (e.g., hot meat sandwiches, pizza, soups, seafood, etc.) The 4 hour maximum holding time before service includes the cumulative holding, cooling, storage, reheating times, after heat treatment.
-

Examples of Class 3 Establishments

- Cafeterias (including schools with hot food prepared less than 4 hours before service).
- Some restaurants with same day preparation of hot foods.
- Itinerant (mobile) food vendors
- Day Care Centers
- Cook/serve operations - some diners and short order establishments.

CLASS 4 ESTABLISHMENTS

Description of Food Preparation Permitted

- Hot preparation of potentially hazardous foods (e.g., meats, poultry, eggs, fish, dairy, etc.) served more than a cumulative (include hot holding, cooling, cold storage, reheating, etc.) 4 hours after heat treatment.

Examples of Class 4 Establishments

- Most restaurants
- Convalescent Homes
- Hospitals
- Caterers
- Any food service establishment that serves potentially hazardous food left over from the day before.

This form MUST be completed by all Class 2, 3 and Class 4 applicants - regardless of previous information supplied. Your application for a food service license will not be processed if returned blank or incomplete.

Establishment Name: _____

Estab. Address: _____
(Street) (City) (State)

PRIMARY Qualified Food Operator/**Certified Food Safety Manager** Information

Full Name: _____
(First) (Last) (Job Title)

Home Street Address: _____

_____
(City) (State) (Zip) (Home Phone No.)

Name of Course Taken: _____ **Date on Certificate**: _____

A copy of your certificate of course completion must be submitted along with your license application *- if not previously submitted.* ***Certificates are date sensitive effective July 1, 2018.***

REQUIRED: ALTERNATE Qualified Food Operator/**Certified Food Safety Manager** Information

The owner or manager of the food service establishment shall designate an alternate person to be in charge at all times when the qualified food operator cannot be present.

Full Name: _____
(First) (Last) (Job Title)

Home Street Address: _____

_____
(City) (State) (Zip)

Home Tel. No.: _____ Course taken (if applicable) _____

REQUIRED: **WRITTEN DOCUMENTATION OF TRAINING**
Written documentation of a training program and training records of each employee are maintained and on file on site at this establishment.

YES_____ **NO**_____ **Signed**_____
Primary Qualified Food Operator

* A copy of your certificate of compliance with the QFO/CFSM requirement must be maintained on file at the food service establishment at all times.
* The QFO/CFSM shall maintain written documentation of a training program, and training records of individual employees.
* ***The state Public Health Code now allows the Director of Health to close an establishment for non-compliance with Section 19-13-B42(u)(4) - QFO Requirements.***

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GREASE TRAP QUESTIONNAIRE

Name of Food Service Facility: _____

Address of Facility: _____

☐ This food service facility does not have a grease trap or grease interceptor.

☐ This food service facility has an interior passive style grease trap.

Location: _____

Size: _____

Frequency of cleaning: _____

Contracted disposal with: _____

☐ This food service facility has a large grease interceptor (exterior).

Location: _____

Size: _____

Frequency of Cleaning: _____

Contracted Cleaner: _____

****** Attach a copy of your most recent grease trap pumper's report with this form.***

☐ This food service facility has a mechanically cleaning BACT grease interceptor (i.e., Big Dipper, Highland Tank, etc.).

Please sign and fill in below:

Your Name: _____ Date: _____

Revised 9/22/09