



# North Central District Health Department

☐ ENFIELD - 31 North Main Street • Enfield, CT 06082 • 860-745-0383 • Fax 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 860-465-3032  
☐ 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

September 28, 2020

## 2020-2021 Food Service License Renewal

Dear Food Service Establishment Owner/Manager:

Your current food service license expires on October 31, 2020. Please submit your complete renewal application, license fee and other required information to the North Central District Health Department's Enfield office at **31 North Main Street, Enfield CT 06082** on or before **October 31, 2020**.

1. Applications postmarked after October 31, 2020, and/or received after October 31, 2020, will be charged a late fee (refer to fee schedule).
  - 1a. NCDHD accepts payment by phone using a credit card at our Enfield office (860-745-0383).
  - 1b. Please note that the NCDHD Board of Directors voted to decrease the fees by 25% for the 2020-2021 license year as a show of support for the business challenges caused by COVID-19. Refer to the fee schedule on the back of this page for the revised food license fees.
2. QFO/CFSP Registration form (lavender color) is required; submit with a copy of the current food safety certificate for the QFO/CFSP (For Class III and IV Food Service Establishments).
3. If your establishment is on a private well or private water supply, you must submit a Certified Water Analysis collected by laboratory personnel in 2020.
4. If your establishment is served by a septic system, you must submit a 2020 Septic Pumper's Report.
5. If your establishment has an Exterior Grease Trap, you must submit a 2020 Pumper's Report.

Food service licenses are not transferable. If you plan to sell your business, please note a food license application, inspection and site review are required before the new owner opens for business. Significant upgrades may be required prior to issuance of the food license to the new owner.

If you have any question about this process, please contact the office at 860-745-0383 and ask to speak to Jessica Yelsits.

Sincerely,

Patrice A. Sulik MPH, RS  
Director of Health

NORTH CENTRAL DISTRICT HEALTH DEPARTMENT  
**FEE SCHEDULE**

Approved at Special Meeting of Board of Directors

**Effective August 12, 2020 for 2020-2021**

Category	Fee	2020-2021
Restaurants:		
Class 1	\$150	\$112.50
Class 2:		
50 seats or less	\$200	\$150
51+ seats	\$300	\$225
Class 3:		
50 seats or less	\$300	\$225
51+ seats	\$400	\$300
Class 4:		
50 seats or less	\$300	\$225
51+ seats	\$400	\$300
Caterer	\$200	\$150
Retail Market: Under 5,000 square feet	\$200	\$150
5,000 square feet or more	\$400	\$300
Convalescent Home (Class 4)	\$400	\$300
Day Care Centers & Preschool Programs with Food Service License (Class 4)	\$400	\$300
Movie Theater	\$300	\$225



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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 Person In Charge \_\_\_\_\_ Home/Emergency No. \_\_\_\_\_

Home Address of Person In Charge \_\_\_\_\_

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

<i>For Health Department Use Only</i>
Amount Paid: _____
Restaurant ID No. _____

\_\_\_\_\_  
**Applicant's Signature (Required)**

Date: \_\_\_\_\_

**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 January 1, 2019.***

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

The Owner or Person in Charge 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