North Central District Health Department

☐ Enfield - 31 North Main Street, Enfield, CT 06083 - (860) 745-0383 FAX 745-3188 ☐ Vernon - 375 Hartford Turnpike, Room 120, Vernon, CT 06066 - (860) 872-1501 FAX 872-1531 ☐ Windham - Town Hall, 979 Main Street, Willimantic, CT 06226 - (860) 465-3033 FAX 465-3032 ☐ Stafford -Town Hall, 1 Main Street, Stafford Springs, CT 06076 - (860) 684-5609 FAX (860) 684-1768

SERV-SAFE COURSE REGISTRATION FORM

Date:	
Establishment Name:	
Establishment Street:	
City:	State: Zip:
APPLICANT INFORMATION	
Last Name:	
First Name:	
Home Street Address:	
City: State	e: Zip:
Mailing Address (if different):	
Home Telephone No	Business Telephone No
Course: <u>SERV-SAF</u>	FE: Serving Safe Food
Course Date: <u>Wednesdays, M</u>	arch 29 and April 5, 2017 (4:30 pm – 9:30 pm)
	cational purposes and that there is no guarantee from ifter taking the course. Responsibility for studying and
i	ture
	Paid:

(Make check payable to: "NCDHD")