# 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) 465-3032
 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**


## DECLARATION OF BASE OF OPERATION

This form must be submitted to the Health Department with your application for permit.

**PLEASE PRINT CLEARLY** Date: _____

Business Name: _____

Owner/Operator Name: _____

Business Name of Base of Operation: _____

Address of Base of Operation: _____

Owner of Business Used as Base: _____

Owner's e-mail Address _____

Telephone Number of Base of Operation: _____

**THE FOLLOWING PORTION TO BE FILLED OUT BY THE OWNER OF THE FOOD ESTABLISHMENT USED AS THE BASE OF OPERATION.**

I, _____ attest that my licensed food establishment
Owner of food establishment used as base

known as _____ is available as the base of operations for
Name of food establishment

_____ owned by _____.
Name of Catering Business Owner of Catering Business

_____
Signature of Owner of Food Establishment

*****REMEMBER TO INCLUDE A COPY OF THE BASE OF OPERATION'S VALID FOOD PERMIT ISSUED BY THE LOCAL HEALTH DEPARTMENT*****

9/26/14