

For the fee amount please see the fee schedule at <http://www.fairfieldct.org/health> or speak with a Sanitarian.



Town of Fairfield
HEALTH DEPARTMENT
 725 Old Post Road
 Fairfield, Connecticut 06824

Receipt #: _____

Date: _____

Sands L. Cleary
 Director of Health

Phone (203) 256-3020
 Fax (203) 254-8850

APPLICATION FOR FOOD LICENSE

Establishment Information

Establishment Name	
Address	Phone #
Mailing Address <input type="checkbox"/> same as above	
E-Mail:	FAX #:

Certified Food Protection Manager APPLICABLE YES NO

Name	Certificate #	Expiration date
<i>THE UNDERSIGNED ATTESTS THAT HE OR SHE IS CURRENTLY EMPLOYED AT THE ABOVE ESTABLISHMENT IN THE SUPERVISION OF FOOD PREPARATION AND SERVICE, OR IN THE ACTUAL PREPARATION OF FOOD AND THE AUTHORITY TO DIRECT AND CONTROL FOOD PREPARATION AND SERVICE.</i>		
Signature of Certified Food Protection Manager:		

Establishment OWNER Information

Name (Please Print)	Home Telephone #
Home Address	Cell Phone #

Applicant Information

Name <input type="checkbox"/> same as owner	Position/Title
<i>THE UNDERSIGNED AGREES TO COMPLY WITH PERTINENT STATUTES, REGULATIONS AND ORDINANCES OF THE STATE OF CONNECTICUT AND THE TOWN OF FAIRFIELD.</i>	
Signature of Applicant:	

The license fee must be paid when filing application and such fee is returnable if application is disapproved by the Director of Health. **Failure to comply with the license expiration date will result in a one hundred dollar (\$100.00) fine. After a ten (10) day grace period at which time the license will automatically be suspended.**

FOR OFFICE USE ONLY

Date Application Filed at Health Department:	Date Inspected/Reviewed:
Sanitarian: _____ Signature: _____	Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>
Est. Type: <input type="checkbox"/> LOW RISK <input type="checkbox"/> HIGH RISK <input type="checkbox"/> FSE <input type="checkbox"/> RFS <input type="checkbox"/> CATE <input type="checkbox"/> SEASONAL <input type="checkbox"/> VEND <input type="checkbox"/> TEMP <input type="checkbox"/> NONP	
<input type="checkbox"/> CLASS I <input type="checkbox"/> CLASS II <input type="checkbox"/> CLASS III <input type="checkbox"/> CLASS IV	
Comments:	

Zone #: _____

License #: _____