



**BETHEL HEALTH DEPARTMENT**  
Clifford J. Hurgin Municipal Center  
1 School Street  
Bethel, Connecticut 06801  
(203) 794-8539

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## **Application for Food Service Establishment License**

### **Instructions for Completion of Form**

*Please follow these instructions carefully:*

1. Read Food Safety Standard Operation Guidelines for Food Service Operators (attached). Keep Guidelines and the Food Event Self-Inspection Checklist for reference.
2. Complete the Application for a Food Service License.

**All information requested must be completed and all questions answered. If not applicable, write N/A.**

**A menu must be submitted on Menu Sheet. Attachment 1**

**A Food Event Sketch must be submitted. Attachment 2**

**An Employee/Volunteer list and sign in sheet must be submitted after the licensed event on Attachment 3.**

3. Return completed signed application to the Bethel Health Department no later than **10 business days BEFORE** the event.
4. Out-of-town Food Service Establishments are required to submit a current food service license issued by another health department or district.
5. Class III and Class IV Food Service Operations Must Attach A Copy of the Qualified Food Operator (QFO) Certificate. You can also attach your QFO Certificate if you have one.
6. Submit Menu Page and Diagram Page with completed application. Submit completed Employee/Volunteer list to Bethel Health Department after the licensed event.



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## Application For Food Establishment License

**Please Check Type of License:**

Temporary: 1 to 14 consecutive days     Seasonal: 15 days or longer

**Name of Applicant:** \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Name Event//Organization/ Business:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Location of Event:** \_\_\_\_\_

**Date(s) of Event:** \_\_\_\_\_

**Hours of Food Service Operation:** \_\_\_\_\_

**Person in Charge:** \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please check Type of Water Supply:**

Self-contained / Home                       At Event Site                       Other (please describe):  
 Public Water                                       Public Water                      \_\_\_\_\_  
 Private well \*                                       Private well \*                      \_\_\_\_\_

\* *Water analysis results performed within 3 months of the date of the event **must** be submitted with application*

**Please Check Type of Toilet Facilities and Location:**

Rest Rooms     Portable toilets

**Please answer the following questions:**

*Note: All questions must be answered. Food Service License will not be issued for incomplete applications.*

1. Using **Menu Sheet** (Attachment 1) list all foods and beverages that will be served. Indicate where food will be made or purchased. (Note: Ice is considered a food)
2. Submit a **diagram showing the layout of the food event** (Attachment 2). Show work tables/counters; cooking and hot holding equipment; coolers/refrigeration; hand washing stations; sinks; customer service table/counter, beverage station, dessert station, etc.
3. Will all foods be prepared at this food service event site?       Yes       No  
If answered "No", the facility used must be a licensed commercially inspected kitchen and the appropriate Health Department License must be attached. Also, describe how food will be protected during transportation and how product temperatures will be maintained (exempt status for CT Farmers).
4. Will any foods be prepared ahead of time? List food item(s) and details of preparation - when; where; how cooled; how reheated, etc. Please note that preparing food ahead of time may not be allowed.
  
5. Describe how temperatures of both hot and cold foods will be maintained and monitored during the event (include equipment, etc.).
  
6. Describe how food will be stored at the event (minimum of 12 inches off the ground).
  
7. Describe where and how cleaning and sanitizing of utensils, cutting boards, and other food contact surfaces will take place. Also, describe provisions for backup utensils (sanitized test strips must be available/used based on type of sanitizer used).
  
8. Describe how food items will be protected from public exposure (sneezing, coughing, touching, etc.) and outdoor elements (flies, dust, etc.)
  
9. Employee/Volunteer list (Attachment 3) is to be completed at the end of the event and returned to Bethel Health Department. This List is useful if a problem occurs.

By my signature below, I hereby agree to use standard food safety practices and guidelines when serving food and/or drink to the public. Failure to comply with the CT food/drink protection general statutes, regulations including CT Public Health Code Sections 19-13-B40, 19-13-B42, and any other regulations that may apply, and Town Ordinances, may result in revocation of the Bethel Health Department food service license.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Fee Schedule:**

Check One:	Amt. Due	Amount Pd	Cash/Ck#	Date
<input type="checkbox"/> 212 *Seasonal Food License	\$100.00	_____	_____	_____
<input type="checkbox"/> 214 *Temporary Food License	\$25.00	_____	_____	_____

\*Temporary Food License: valid 1 through 14 consecutive days.

All fees are non-refundable

FOR BHD OFFICE USE ONLY

Application reviewed by: \_\_\_\_\_

Comments: \_\_\_\_\_

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APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

# ATTACHMENT 1

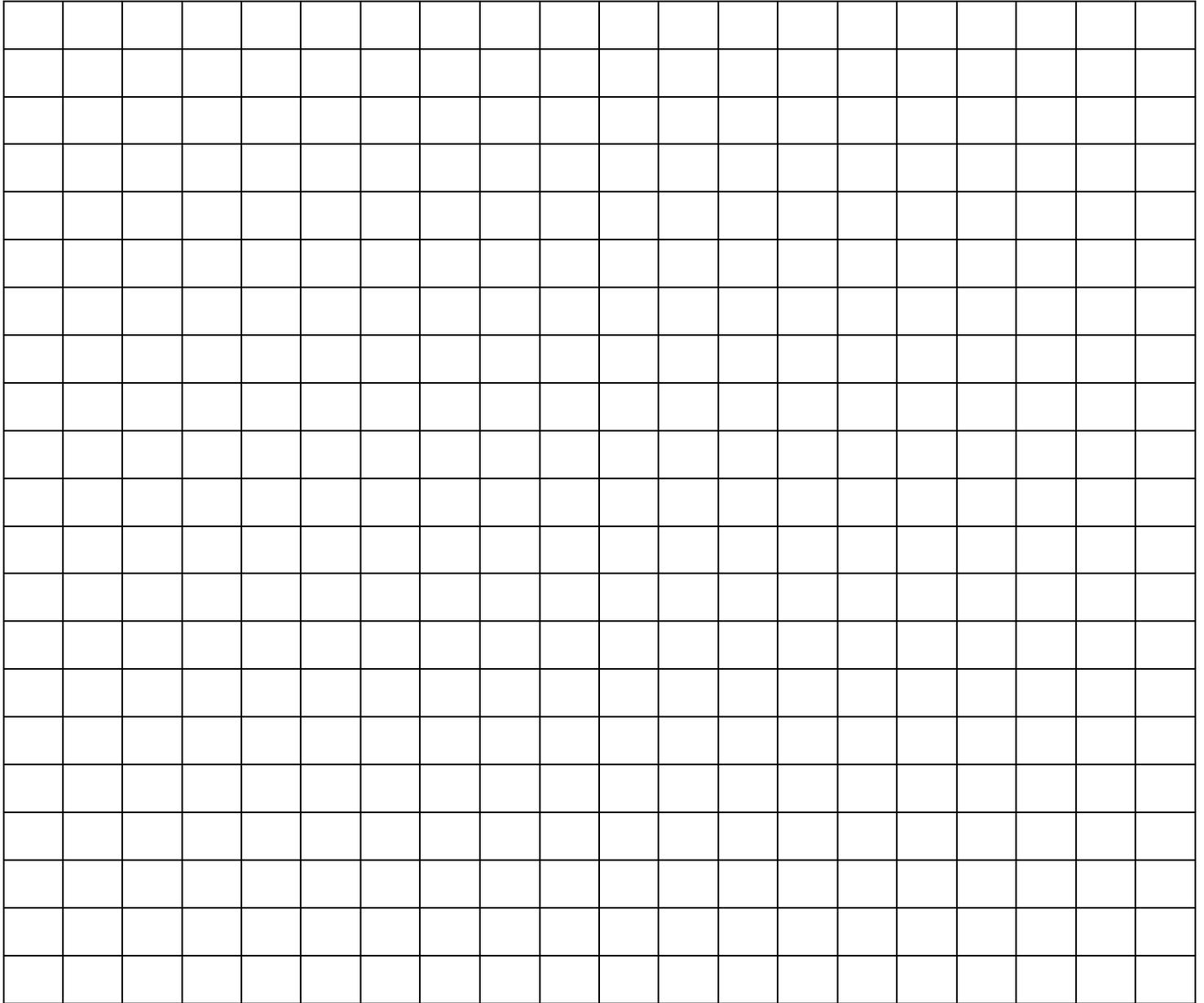
## MENU SHEET

<b>Menu Item</b> Include beverages, desserts, snack items, etc.	<b>Source</b> (Check Appropriate Box)	<b>Where Made?</b> <b>Where Purchased</b>
<i>Example: Tossed Salad</i>	<input checked="" type="checkbox"/> Made by organization <input type="checkbox"/> Commercially made	Pre-cut lettuce from Bethel Food Market Salad made at event
<i>Example: Meatballs &amp; Sauce</i>	<input checked="" type="checkbox"/> Made by organization <input type="checkbox"/> Commercially made	Sauce made at event Meatballs from Costco, Brookfield
<i>Example: Baked Ziti</i>	<input type="checkbox"/> Made by organization <input checked="" type="checkbox"/> Commercially made	Tonelli's, Bethel
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## ATTACHMENT 2

### FOOD EVENT SKETCH

*Draw the location and identify all equipment including handwashing facilities, dishwashing or utensil washing facilities, ranges, refrigerator, hot and cold holding equipment worktables, food/single service storage, grills, etc.*



*Describe food booth, including walls, flooring, screening, counter materials, and lighting.*

