BETHEL HEALTH DEPARTMENT

Clifford J. Hurgin Municipal Center, 1 School Street, Bethel, Connecticut
06801(203) 794-8539W (203)-794-8145F bethelhealth@bethel-ct.gov

BUSINESS APPLICATION

Business Name & LLC:_____

Business Owner Name:_____

BusinessAddress:_____

Phone: _____Email:_____

Property Owner Name, if different:_____

Address:_____Tel:_____

Type of Business: _____

☐ New Business: ☐ Remodel: ☐ Change of Ownership:

Number of Employees: ___ Full Time ___ Part Time ___

(If applicable, provide licenses)

*Water service: ☐ *Private Well ☐ Public Water Supply

Sewage Disposal: ☐ Private Septic System ☐ Public Sewer

**Submit a current, original, signed private well water analysis report, if applicable.*

Business Proposal Application Requirements (Please provide the following):

1. Describe the Business: Provide details of operation/services:

2. Sketch/plans of proposed floor plan, square footage, including description of any construction/renovation to be done. Label rooms/use of space and room dimensions and Cleaning supply location.
3. Contractor Name and Address :_____
4. Garbage/refuse storage management plan. Show location and details of garbage storage area and/or enclosure.
5. Cleaning and disinfection plan for public areas such as fitness centers, yoga studios, martial arts, dance studios, etc.List cleaning products and provide product information sheets.
6. Is commercial food or drink provided to public?If so, please provide details:
7. EPA Federal Regulation**Lead Safe Work Practices for Pre 1978 Structures Compliance:
   Provide applicable EPA RRPCertificate_____

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***For pre-1978 buildings, Federal law requires contractors that disturb more than 6 square feet of paint per room inside or more than 20 square feet on the exterior of a home or building be certified and follow specific work practices to prevent lead contamination. If applicable, contractor to provide copy of RRP Certificate and write that he and/or she is going to follow lead safe work practices for renovation to be done for building space re-use.*

Signature:_____Date:_____

Print Name:_____

(By signing this proposal, I confirm the above information is accurate and the responsible parties will maintain code compliance)