



BETHEL HEALTH DEPARTMENT

Clifford J. Hurgin Municipal Center, 1 School Street
Bethel, CT 06801 - (203) 794-8539

Please submit with this Food Establishment License Renewal Application

1. CFPM certificates for all CFPM staff
2. A current copy of your menu

FOOD ESTABLISHMENT LICENSE RENEWAL APPLICATION

Pursuant to the Code of the Ordinances of the Town of Bethel and the State Public Health Code, application is hereby made for a license to operate a food establishment in the Town of Bethel. By this application, it is hereby agreed that the food establishment will comply with the provisions of these regulations. *Licenses are not transferable.*

Check One:	Amt. Due	Amount Pd	Cash/Ck#	Receipt #
<input type="checkbox"/> 213.1 Yearly License Renewal (Class 1)	\$175.00	_____	_____	_____
<input type="checkbox"/> 213.2 Yearly License Renewal (Class 2)	\$350.00	_____	_____	_____
<input type="checkbox"/> 213.3 Yearly License Renewal (Class 3)	\$350.00	_____	_____	_____
<input type="checkbox"/> 213.4 Yearly License Renewal (Class 4)	\$375.00	_____	_____	_____

Name of Business _____

Location of Business (Street #) _____ (Street) _____

Business Phone _____ Business Fax: _____ Cell Phone: _____

Email Address _____

24 Hr. Emergency Contact Name (**REQUIRED**) _____ Phone _____

- Type of Business: Restaurant Market/Grocery Store Deli/Convenience Store Caterer
 Vendor Corporate Cafeteria School/ Day Care Health Care Institute Other

(If partnership or more than one owner, please submit a list of all names, titles, home addresses and home phone numbers.)

Owner or Operator _____

Home Address (No PO Boxes) _____

Home Phone _____

Certified Food Protection Manager (CFPM) _____ Cert. # _____

Alternate CFPM _____ Cert. # _____

Person In Charge _____

Check All Applicable Boxes

- Water:** public well not applicable
Sewage Disposal: sewer septic system not applicable
Grease Trap: internal external heat assisted not applicable
Liquor Served: yes no

Seating Capacity: _____

Hours of operation: Mon _____ Tues _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____

Example: Mon: 11-9 Tues 11-9 Wed 11-9 Thu 11-9 Fri 11-10 Sat 11-10 Sun closed

Note: Establishments on private water supply wells must submit a complete water analysis report from a state certified laboratory prior to the issuance of an annual license.

Signature of Licensee _____ **Date** _____

For office use only: Application # _____ Licensing Year: _____

Licenses are issued after Tax Collector Approval