



# TOWN OF RIDGEFIELD

Health Department

## Food Service License Application

Application #	_____
Licensing Year	_____
Date	_____
Food Class	_____

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

<b>FEE:</b>	\$100.00
Reinspection Fee = # reinspections _____ X \$100.00 = _____	
<b>Total Amount Due \$</b>	

Name of Business \_\_\_\_\_  
 Location of Business \_\_\_\_\_  
 Business Phone \_\_\_\_\_ 24 hr. Emergency Phone \_\_\_\_\_  
 Fax No. \_\_\_\_\_ e-mail address \_\_\_\_\_

### Type of Business

- |                                  |   |                                      |
|----------------------------------|---|--------------------------------------|
| <input type="radio"/> Restaurant | <input type="radio"/> Caterer             | <input type="radio"/> Ice Cream Shop |
| <input type="radio"/> Market     | <input type="radio"/> School              | <input type="radio"/> Snack Bar      |
| <input type="radio"/> Vendor     | <input type="radio"/> Corporate Cafeteria |                                      |

If vendor, indicate vehicle registration # \_\_\_\_\_ State \_\_\_\_\_

Owner(s) \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Check All Applicable Boxes

Water source:  
 public                       well                       not applicable

Sewage disposal:  
 sewer                       septic system                       not applicable

Liquor served?  
 Yes                       No

Grease Trap  
 External                       Internal \_\_\_\_\_ (model / type)                       not applicable

Grease Service Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Seating Capacity: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Certified Food Operator: Name: \_\_\_\_\_  
 Alternate Food Operator: Name: \_\_\_\_\_

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

**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.**

Prior to submitting this application to the Health Department, the Tax Collector must sign off verifying that the personal property taxes of the business have been paid or have not been delinquent for more than one year.

Approved \_\_\_\_\_ Date \_\_\_\_\_  
 Tax Collector