

CRAHD FOOD SERVICE ESTABLISHMENT LICENSE APPLICATION,

ANNUAL LICENSE VALID: JULY 1-JUNE 30, Seasonal license valid up to 6 consecutive months, specify dates below)

CLASSIFICATION: _____ **FEE:** _____ (Late fees apply for late payments, see Sec. 11 of the Ordinance)

Licensing of all food service establishments as defined in Section 3 of the CRAHD Food Service Ordinance is required per Section 4 of the Ordinance.

Name of Establishment: _____

Location: _____

Phone: _____ **FAX:** _____ **Email:** _____

Type of Ownership: Individual _____ Partnership _____ Corporation _____

If a partnership, list names and addresses of partners on separate sheet, if a corporation, provide name and address of principle below:

Owner(s) Name(s): _____

Address: _____

Emergency Contact: _____ **Phone:** _____

Fax: _____ **Email:** _____

Person(s) responsible for management of food service establishment:

Name(s): _____

Address: _____

Emergency Contact: _____ **Phone:** _____

Fax: _____ **Email:** _____

Water Supply: Well _____ Public _____ Public (City) Sewer _____ On-site septic _____

Handling of Grease: AGRU (Interior): Yes _____ No _____ Grease Trap (Exterior): Yes _____ No _____

If yes, size of exterior grease trap: _____ gallons

Check all for type of Establishment: Restaurant ___ Deli ___ Caterer ___ School ___ Church ___ Bar ___ Bakery ___

Retail ___ Ice Manufacture ___ Long Term Care ___ Itinerant Vendor ___ Seasonal ___ Other ___

explain: _____

Dates of Operation: _____ **Times of Operation:** _____

Number of Seats(include indoor _____ and outdoor: _____

For Class III and IV Establishments:

Qualified Food Operator: _____ **QFO Signature:** _____

Alternate QFO: _____ **Alt. Signature:** _____

Applicant Name (Print): _____ **Date:** _____

Applicant's Signature: _____

I certify that I am the owner of the food service establishment or the owner's legal representative.

With this application, you must incude: 1.Current Menu 2.copy of QFO cert. 3. Record of septic tank pumpout within last 36 months 4. Proof of external grease trap pump out within last 4 months 5. Copy of well water bacteriological test results within last 12 months.

For Office Use Only: Amount Paid: _____ Check Number: _____ Date: _____

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Section 6 of the CRAHD Food Service Ordinance states:

“**New** or, in the opinion of the Director of Health, substantially **renovated** food service establishments must obtain signatures of approval from local zoning, building and fire officials on the CRAHD application or show proof of written approval in a manner acceptable to the Director of Health”.

To facilitate this requirement, there is a space below for the town officials to sign.

APPROVED: Yes _____ No _____ Signature: _____

Print name: _____ Date: _____ Town Zoning Authority

APPROVED: Yes _____ No _____ Signature: _____

Print name: _____ Date: _____ Town Building Official

APPROVED: Yes _____ No _____ Signature: _____

Print name: _____ Date: _____ Town Fire Marshal