



FOOD SERVICE ESTABLISHMENT LICENSE

APPLICATION FORM

Expires annually on June 30

*(All information **must** be filled in)*

New Establishment

Change in Ownership

Name Change Only

Establishment Name: _____

Address: _____ **Town, ST, Zip:** _____

Phone : _____ **E-Mail (**REQUIRED**):** _____

Mailing Address (If different from above): _____ **Town, ST, Zip:** _____

Owners Name: _____

Owners Address: _____ **Town, ST, Zip:** _____

Owners Phone: _____ **E-mail (**REQUIRED**):** _____

Name of Operator/Manager: _____

Operator/Manager E-Mail: _____ **Operator/Manager Phone :** _____

Emergency Contact Name _____ **Phone #** _____

Type of Food Service Establishment:

Restaurant

Grocery

Bakery

Healthcare Institution

Childcare Facility

Caterer

Other (Please specify) _____

Seating Capacity: Inside _____ Outside _____

Water Supply Public Private

Sewage Disposal Public Sewer Septic System

Liquor Served Yes No

Licensed Pest Control Company: _____

*By signing I attest that all information provided is accurate; I agree to comply with all aspects
of the State of CT FDA Food Code and the CCTHD Sanitary Food Code.*

Signature _____

Printed _____

Date _____



2080 Silas Deane Highway, Suite 100, Rocky Hill, CT 06067

Phone: (860) 785-8380 Fax: (860) 785-8533
www.ccthd.org

PUBLIC HEALTH for BERLIN, NEWINGTON, ROCKY HILL, & WETHERSFIELD

Classification of Food Establishments per the State of CT Public Health Code

Class I

“Class 1 food establishment” means a retail food establishment that does not serve a population that is highly susceptible to food borne illnesses and only offers (A) commercially packaged food in its original commercial package that is time or temperature controlled for safety, or (B) commercially prepackaged, precooked food that is time or temperature controlled for safety and heated, hot held and served in its original commercial package not later than four hours after heating, or (C) food prepared in the establishment that is not time or temperature controlled for safety;

Class II

“Class 2 food establishment” means a retail food establishment that does not serve a population that is highly susceptible to food-borne illnesses and offers a limited menu of food that is prepared, cooked and served immediately, or that prepares and cooks food that is time or temperature controlled for safety and may require hot or cold holding, but that does not involve cooling;

Class III

“Class 3 food establishment” means a retail food establishment that (A) does not serve a population that is highly susceptible to food-borne illnesses, and (B) has an extensive menu of foods, many of which are time or temperature controlled for safety and require complex preparation, including, but not limited to, handling of raw ingredients, cooking, cooling and reheating for hot holding.

Class IV

“Class 4 food establishment” means a retail food establishment that serves a population that is highly susceptible to food-borne illnesses, or that conducts specialized food processes, including, but not limited to, smoking, curing or reduced oxygen packaging for the purposes of extending the shelf life of the food.

My FDA Establishment Class is: _____

All Class II, III and IV. must have a Certified Food Protection Manager (CFPM) employed and present whenever the establishment is in operation.

Approved CFPM Course Certification (Select One):

National Registry of Food Service Prof, Inc

Learn2Serve 360

ServSafe

Prometric

Other _____

CFPM Name _____ Expiration Date of Certification _____

****A Copy of the certificate must be submitted along with this application****



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Fee Schedule Effective 07/01/2025:

Full-Service Establishments

Class I: \$215.00	Class III (100+ Seats): \$490.00
Class II: \$285.00	Class IV Daycares: \$200.00
Class III (0-50 Seats): \$355.00	Class IV Nursing/Med: \$485.00
Class III (51-100 Seats): \$405.00	Class IV Other (Special Processes, Poor Compliance History): \$490.00

Caterers

Class I: \$175.00
Class II: \$285.00
Class III: \$345.00
Class IV: \$430.00

Grocery

Class I <10,000 SQ/FT: \$175.00
Class II <10,000 SQ/FT: \$285.00
Class III <10,000 SQ/FT: \$450.00
>10,000 SQ/FT: \$915.00

Fee Waiver Requested (Only applies to Member Town, State or School run Establishments)

Not-For-Profit Status Requested- **501C Must be included** or full fee will apply

Submit form and fee:

By mail:

Central CT Health District
2080 Silas Deane Hwy Suite 100
Rocky Hill, CT 06067
OR

Pay fee at www.ccthd.org and
e-mail application to applications@ccthd.org

HEALTH DISTRICT USE ONLY

Amount Paid _____ Cash/Check/CC _____ Establishment # _____