

**TOWN OF EASTON**  
**203-268-6291**

**HEALTH DEPARTMENT**  
**FOOD SERVICE APPLICATION**

**225 CENTER ROAD**  
**EASTON, CT 06612**

Seating Capacity \_\_\_\_\_

Establishment type: (circle several, if applicable) Packaged only, Deli, School Cafeteria, Restaurant,  
Catering Service, Itinerant Food Vending, Seasonal Food Stand

Fee Due \$75.00      Seasonal Fee \$50.00      Payable to Town of Easton

Name of Business: \_\_\_\_\_ Phone \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Owner: \_\_\_\_\_ Mgr. /Supvr. \_\_\_\_\_

Name of Qualified Food Operator on staff ( if required) \_\_\_\_\_

Landlord Name : \_\_\_\_\_ Address: \_\_\_\_\_

Days & Hours of Operation: \_\_\_\_\_ Water Supply: Public \_\_\_\_\_ Private \_\_\_\_\_

If you are connected to the Bridgeport Hydraulic Company, water testing is not required. All facilities are required to test for the following constituents: Bacteria, (total coliform), Physical (color, odor, pH, turbidity), Nitrate, Nitrogen, Lead, Copper. Testing within the last three months is acceptable.

Do you have a grease trap? \_\_\_\_\_ Is it inside or outside? \_\_\_\_\_

If outside, please include a sketch of the grease trap (include size) in relation to the building on the back side of this application.

Name of Liquor Permittee ( if applicable) \_\_\_\_\_

Name of Shellfish Supplier (if applicable) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THE HEALTH DEPT. MUST BE NOTIFIED OF ANY TRANSFER OR CHANGE OF OWNERSHIP OR ANY CLOSING OF BUSINESS. THE HEALTH DEPT. MUST BE NOTIFIED PRIOR TO ANY RENOVATIONS TO THE BUSINESS. FOOD SERVICE LICENSES ARE NON-TRANSFERABLE...

\*\*\* PLEASE INCLUDE MENUS OF THE FOODS SERVED.

