ASPETUCK HEALTH DISTRICT
180 Bayberry Lane, Westport, CT 06880-2855   *Telephone: (203) 227-9571*

<table>
<tr><td>*FEE:* $_____.____
Fee is Non-Refundable</td><td>## Application To Operate a Food Facility</td><td>*Fee Schedule
on Reverse Side*</td></tr>
</table>

Business Name: _____   **Phone:** (_____) _____

Business e-mail Address: _____   **Business Fax:** (_____)_____

Business Address: _____   **Town:** _____

Mailing Address: _____   **Town:** _____   **ZIP:** _____

Name of Person(s) in Charge (PIC): "Person in charge" means the individual(s) present at a food establishment who is responsible for the operation at the time of inspection. The person in charge shall be a **Certified Food Protection Manager (CFPM)** who has shown proficiency of required information through passing a test that is part of an accredited program. Please list all **PIC**s and include their valid **CFPM** certificates

Name of PIC	CFPM Certificate Exp. Date	Name of PIC	CFPM Certificate Exp. Date

Primary Service: *(Check one:)* ☐ Food Establishment ☐ Food Store ☐ Food Establishment/Catering ☐ Other ☐ Casual Catering Food Service	***Additional* Services:** *(Check all that apply)* ☐ Take Out ☐ Delivery ☐ Catering ☐ Permitted outdoor patio dining ☐ Seasonal

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Type of Ownership: (Mark one)   ☐ **Individual**   ☐ **Partnership**   ☐ **Corporation**   ☐ **Other**

If Individual Ownership:

Name: _____   Phone: (_____) _____

  Home Address: _____   Town: _____   ZIP: _____

If Partnership, List all Partners: *(use separate paper, if necessary)*

Name: _____   Phone: (_____) _____

  Home Address: _____   Town: _____   ZIP: _____

Name: _____   Phone: (_____) _____

  Home Address: _____   Town: _____   ZIP: _____

If Corporation, list Corporation Name and all Officers:

Corporation Name: _____   Phone: (_____) _____

  Address: _____   Town: _____   ZIP: _____

I attest that the information supplied here is accurate and correct. I understand that this permit may not be issued or, after issuance, may be suspended, revoked or not renewed for noncompliance with the Aspetuck Sanitary Code and/or the Connecticut State Public Health Code.

_____	_____	_____
Signature and Title	TYPE or Print Name	Date

For Office Use Only

Date Application Approved:	Date Permit Issued:	Date Mailed/Delivered
By:	By:	By:

DOC:\Food\Food Facility Application.2010.Doc - Revised January 11, 2022

ASPETUCK HEALTH DISTRICT

CATEGORIZATION OF FOOD ESTABLISHMENTS AND FEE SCHEDULE

CATEGORIZATION	DESCRIPTION	ANNUAL FEE
Class 1	Examples include most convenience store operations, hot dog carts, and coffee shops. Establishments that serve or sell only pre-packaged, non-time/temperature control for safety (TCS) foods. Establishments that prepare only non-TCS foods. Establishments that heat only commercially processed TCS foods for hot holding. No cooling of TCS foods. Establishments that would otherwise be grouped in Category 2 but have shown through historical documentation to have achieved active managerial control of foodborne illness risk factors	**$195.00**
Class 2	Examples may include retail food store operations, schools not serving a highly susceptible population, and quick service operations. Limited menu. Most products are prepared/cooked and served immediately. May involve hot and cold holding of TCS foods after preparation or cooking. Complex preparation of TCS foods requiring cooking, cooling, and reheating for hot holding is limited to only a few TCS foods. Establishments that would otherwise be grouped in Category 3 but have shown through historical documentation to have achieved active managerial control of foodborne illness risk factors. Newly permitted establishments that would otherwise be grouped in Category 1 until history of active managerial control of foodborne illness risk factors is achieved and documented.	**$325.00**
Class 3	An example is a full service restaurant. Extensive menu and handling of raw ingredients. Complex preparation including cooking, cooling, and reheating for hot holding involves many TCS foods. Variety of processes require hot and cold holding of TCS food. Establishments that would otherwise be grouped in Category 4 but have shown through historical documentation to have achieved active managerial control of foodborne illness risk factors. Newly permitted establishments that would otherwise be grouped in Category 2 until history of active managerial control of foodborne illness risk factors is achieved and documented.	**$495.00**
Class 4	Examples include preschools, hospitals, nursing homes, and establishments conducting processing at retail. Includes establishments serving a highly susceptible population or that conduct specialized processes, e.g., smoking and curing; reduced oxygen packaging for extended shelf-life.	**$495.00**
Food Establishment	6 months or less	**$295.00**
Seasonal	6 months or less	**$295.00**
Mobile Vendor		**$295.00**
Seasonal Ice Cream Vendor	pre-packaged	**$95.00**
Re-Inspection	after 1 re-inspection per year	**$200.00** **Per inspection**