



EDDIE A. PEREZ
Mayor

CITY OF HARTFORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Environmental Health Division
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CARLOS RIVERA
Director

FOOD SERVICE LICENSE APPLICATION

Name of Establishment _____ Establishment Phone _____

Address of Establishment _____

Name of Owner _____

If corporation, please list name of contact person

Owners Address _____

Owner Phone _____

CLASS 3 & 4 FOOD SERVICE ESTABLISHMENTS, COMPLETE THE FOLLOWING.

Name of Qualified Food Operator (QFO) _____

Approved Test Course _____

The QFO shall be onsite, in a supervisory position with authority, responsible for training all personnel, ensuring safe food handling practices and compliance with the CT Public Health Code Section 19-13-B42 and the Municipal Code of the City of Hartford.

Designated Alternate _____

YOU MUST SUBMIT A COPY OF THE COURSE CERTIFICATE (S) WITH THIS APPLICATION

ALL PAYMENTS BY CERTIFIED CHECK OR MONEY ORDER

All applications received after June 30th are subject to new application and late fees.

Sales & Use Tax I.D. # for State of CT _____

Applicant Signature _____

Date _____

-----FOR OFFICIAL USE ONLY-----

Classification:

____ Class 1: PACKAGED FOOD ONLY \$125

____ Class 2: COLD FOOD PREPARATION \$200

____ Class 3: HOT FOOD COOK AND SERVE \$300

____ Class 4: HOT FOOD, COOK/HOLD/COOL/REHEAT/SERVE \$400

School	<input type="checkbox"/>	Grocery store	<input type="checkbox"/>
Child care	<input type="checkbox"/>	Bakery	<input type="checkbox"/>
Take out	<input type="checkbox"/>	Snack bar	<input type="checkbox"/>
Farmers mkt	<input type="checkbox"/>	Café	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	Caterer	<input type="checkbox"/>
Cafeteria	<input type="checkbox"/>	Other specify	<input type="checkbox"/>
Restaurant	<input type="checkbox"/>		

SANITARIAN SIGNATURE _____

DATE _____

COMMENTS:

