



CITY OF HARTFORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Environmental Health Division
131 Coventry Street
Hartford, Connecticut 06112



EDDIE A. PEREZ
Mayor

Telephone: (860) 543-8816
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www.hartford.gov

CARLOS RIVERA
Director

CHANGE OF OWNERSHIP (FOR EXISTING FOOD ESTABLISHMENTS ONLY)

Completion of this form is required when
The applicant desires to become a new owner of an existing food establishment.

It is the applicant's responsibility to ensure:

1. Plan review packet is submitted with Change of Ownership form.
2. Provide a copy of the new menu.
3. Provide a copy of the existing menu.
4. If the existing food establishment is Class III or Class IV and the classification will not change, a copy of QFO Certificate, Alternate, and Training Documentation must be provided.
5. Copy of Lease/Title or Bill of Sale.
6. Proof of Tax Payment.

Date_____

Name of Applicant_____

Name & Address of New Owner_____

Name of Establishment_____

Name of New Establishment_____

Address of Establishment_____

Current Food Establishment Classification_____

FOR OFFICIAL USE ONLY

Food Establishment Classification_____

Sanitarian Signature_____



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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 \$175

____ Class 3: HOT FOOD COOK AND SERVE \$225

____ Class 4: HOT FOOD, COOK/HOLD/COOL/REHEAT/SERVE \$225

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: