



New Milford Health Department

10 Main Street
New Milford, CT 06776
(860) 355-6035 Fax: (860) 210-2664

Food Service Establishment Application

Name of Establishment: _____ **Phone #:** _____

Address of Establishment: _____ **Fax #:** _____

Contact Person: _____ **Phone #:** _____

Title: _____ **Email:** _____

Mailing Address: _____
(if different from above)

Type of Operation (check one)

- Restaurant/Café/Bar – State seating capacity of establishment: _____
 - Cafeteria
 - Market/Deli/Take-out
 - Itinerant Vendor – Plate number and location of route: _____
 - Caterer
 - Other: _____
- Temporary - Dates of operation are: From _____ to _____
- Non-profit – Please provide proof of non-profit status.

Hours of Operation: _____

Type of Sewage Disposal:

- Septic System
- External Grease Trap
- Internal Grease Trap
- Municipal Sewage System (New Milford Sewer Commission sign-off required)

Type of Water Supply:

- Public Water Supply (United Water)
- Community Well
- Private Well

Type of Foods Served: Submit complete menu with application. If menu not yet prepared, list all food items below. Use the back of this form if more space is needed. Menu need not be submitted if done so previously and there are no changes.

The undersigned is aware of and agrees to comply with the food service regulations and the State of Connecticut and the Town of New Milford.

Signature: _____

Health Department Use

- New establishment and/or owner – Construction plan submitted - Approved
- Private Well – water report received _____
- Septic System – Last record pumping _____ Grease Trap _____
- Municipal Sewage Treatment Plant – Referral for grease trap review made _____

Classification: _____ License Fee: _____ Expiration: _____