



The Milford Health Department

82 New Haven Avenue ♦ Milford, CT ♦ 203-783-3285 ♦ Fax 203-783-3286

Fee Pd: _____

Rept #: _____

APPLICATION FOR FOOD ESTABLISHMENT LICENSE

Pursuant to Chapter 8 of the Code of Ordinances of the City of Milford, Connecticut, application is hereby made for a license to operate a food establishment. By this application it is hereby agreed that the food establishment will comply with applicable provisions of the Connecticut State Public Health Code and the Code of Ordinances of the City of Milford, Connecticut.

HOME MADE FOODS ARE PROHIBITED. A MENU MUST BE SUBMITTED.

Business Name _____ Business Phone _____

Address _____ Fax # _____
Town & Zip Code

Mailing Address, (If different): _____
Town & Zip Code

Name of Owner _____
If a corporation, please list name of contact person

Owner's Address _____ Home Phone _____

Name of Manager, (If other than owner) _____

Manager's Address _____ Home Phone _____
Town & Zip Code

A QUALIFIED FOOD OPERATOR (QFO) CERTIFICATE FROM AN APPROVED TESTING INSTITUTION IS REQUIRED FOR ALL CLASS III & IV ESTABLISHMENTS.

Qualified Food Operator(s) _____

Designated Alternate(s) _____

Seating Capacity of Establishment: _____ Number of Employees: _____

Hours of Operation: _____

MOTOR VEHICLE LICENSE PLATE (Itinerant Vendor) _____

DATE OF INSPECTION

SANITARIAN

Annual Fee	Circle Class Fees
Class I Establishment	\$50.00
Class II Establishment	\$100.00
Class III Establishment	\$150.00
Class IV Establishment	\$200.00
Itinerant Food Vending Facility	\$100.00
Temporary Food Establishment (Maximum 14 Days)	\$50.00
Non-Profit Organizations	\$1.00
Food Establishment Re-inspection Fees (First)	\$75.00
(Second)	\$150.00
Plan Review – New Construction/Remodeling	\$100.00

DATE

SIGNATURE OF OWNER/MANAGER