



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 _____

Business Address _____ Zip Code _____ Fax _____

Mailing Address (If different) _____ Zip Code _____

Name of Permit Holder _____
If a corporation, please list name of person responsible

Permit Holder Address _____ Zip Code _____ Home Phone _____

Email: _____

Name of Person in Charge (if other than Permit Holder) _____

Person in Charge Address _____ Zip Code _____ Home Phone _____

Email: _____

A CERTIFIED FOOD PROTECTION MANAGER (CFPM) CERTIFICATE FROM AN APPROVED TESTING INSTITUTION IS REQUIRED FOR ALL CLASS II (Effective 7/1/2018), III & IV ESTABLISHMENTS.

Certified Food Protection Manager (s) _____

Seating Capacity of Establishment _____ Number of Employees _____

Hours of Operation _____

DATE

SIGNATURE OF OWNER/MANAGER

| Annual Fee | Circle Class Fee |
|--------------------------|------------------|
| Class I Establishment | \$125.00 |
| Class II Establishment | \$200.00 |
| Class III Establishment | \$275.00 |
| Class IV Establishment | \$325.00 |
| Non-Profit Organizations | \$1.00 |

DATE OF INSPECTION

SANITARIAN