



CITY OF HARTFORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Environmental Health Division
131 Coventry Street
Hartford, Connecticut 06112
Telephone: (860) 757-4760 Fax: (860) 722-6677
www.hartford.gov



FOOD SERVICE LICENSE APPLICATION

Name of Establishment _____ Establishment Phone _____

Establishment Address _____

Owner's Name _____

If corporation, please list name of contact person

Owner's 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, MONEY ORDER OR BANK/CREDIT CARD**

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

State of CT Sales & Use Tax ID# _____

Applicant Signature _____

Date _____

*****FOR OFFICIAL USE ONLY*****

Classifications:

_____ 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

<input type="checkbox"/> 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 \$200
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Other (specify in
<input type="checkbox"/> Restaurant	comments)

SANITARIAN SIGNATURE _____ DATE _____

COMMENTS: