



City of Middletown

DEPARTMENT OF HEALTH

245 deKoven Drive

Middletown, CT 06457

TEL: (860) 638-4960 FAX: (860) 638-1960

TDDL TEL: (860) 344-3521

JOSEPH A. HAVLICEK, M.D.
Director of Health

Food Service License Application

Establishment

Owner/Agent/Operator

Name: _____

Name: _____

Address: _____

Agent/Operator: _____

City: _____ Phone: _____

Address: _____

State: _____ Zip: _____

City: _____ Phone: _____

Email: _____

State: _____ Zip: _____

Email: _____

Certified Food Manager: 1. _____ 2. _____

OFFICE USE ONLY:

Establishment Type: (Circle as needed)

Bakery	Caterer	Religious	Elderly Meals	Food Store	Ice Plant
Frat. Org.	Grocery/Deli	Medical Fac.	Mobile Vend.	Restaurant	Cafeteria
Conc. Stand.	Food Man.	Mobile Caterer			

Classification: 1 2 3 4 District: 1 2 3 Plan Review Received: Y N

License Month: J F M A M J J A S O N D Square Footage: _____ Seating Cap.: _____

Yearly License Fee: \$ _____ Plan Review Fee: \$100 Y N Total: \$ _____

Signature: Owner/Agent: _____ MHD: _____

Date: _____