Kevin A. Elak, MPH, REHS/RS
Director of Health

City of Middletown

Department of Health
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Middletown, CT 06457
TEL: (860) 638-4960 FAX: (860) 638-1960
TDDL: (860) 344-3521

OFFICE USE ONLY

Date Received: _____

Date Paid: _____

☐ Cash: _____

☐ Check #: _____

Food Service Establishment Application

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

Address:_____ **Email:** _____

Is this business operating under an LLC? ☐ Yes ☐ No

If yes, please provide the full name of the LLC: _____

Name of Owner: _____ **Phone:**_____

Mailing Address: _____

24 Hour Emergency Contact Information: _____

Phone: _____ **Email:** _____

Sewage Disposal

☐ City Sewer

☐ Septic System *(Provide a copy of your last pumping)*

Water Supply

☐ City Water

☐ Onsite Well *(Submit a copy of your current water report)*

Certified Food Protection Manager (*CFPM*): _____

(Provide a copy of valid Food manager's certificate)***

Phone Number: _____ **Email Address:** _____

Person in Charge *(Pic)*:_____

Phone Number: _____ **Email Address:** _____

By signing below, you attest that the information you provided above is true and accurate to the best of your knowledge. All licenses issued by the Middletown Health Department are non-transferrable and revocable at any time.

Signature	Print	Date

*********************************PLEASE DO NOT WRITE IN THIS AREA. OFFICE USE ONLY *******************\