PERMIT #:____________
FEE:___________

AVON
BARKHAMSTED
CANTON
COLEBROOK
EAST GRANBY
FARMINGTON
GRANBY
HARTLAND
NEW HARTFORD
SIMSBURY

FVHD FARMINGTON VALLEY HEALTH DISTRICT

50 AVON MEADOW LANE PO BOX 529 AVON, CONNECTICUT 06001 TELEPHONE (860) 676-1953 FAX (860) 676-2131

PLEASE TYPE OR PRINT CLEARLY

Business Name____ Local Phone Number____________

Street Address____Fax #________________________
Town & Zip Code

Mailing Address **(If different):**________________________________Email Address__________________

1. Name of Owner/Primary contact__________________________Home Phone____________________

Address for Official Correspondence____

If there is more than one owner, please provide contact information:

Name of Owner #2_____________________________________ Home Phone____________________

Mailing Address____

2. Qualified Food Operator (QFO) name:____

Designated Alternate name:____

3. Building served by: ☐ Public Sewer
☐ Septic system - Date of last pumping:_________________ *(Please enclose copy of last bill)*
☐ Public water
☐ Well – Date of last analysis:________________ *(Please enclose copy of current report)*

Seating Capacity of Establishment:_________________________

Hours of Operation: ________________________________Days of Operation_____________________

4. I attest that the above information is correct

____
SIGNATURE OF OWNER/MANAGER DATE

FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE

Fee:______________
Date of Inspection:____________________ Score:____________Rating:_______Class: ____________
QFO ____ Testing Org:____________________________
Designated Alternate:_______________________________Testing Org:____________________________
Initial Permit Exp. Date:_____________________________ Annual Permit Issue Date:_______________
Application reviewed and approved by: ____