



Farmington Valley Health District

95 River Road, Suite C ▪ Canton, CT 06019 ▪ Phone (860) 352-2333 ▪ Fax (860) 352-2542

Avon • Barkhamsted • Canton • Colebrook • East Granby • Farmington • Granby • Hartland • New Hartford • Simsbury

APPLICATION FOR ANNUAL FOOD SERVICE PERMIT

• All sections must be completed

• Expires Annually on June 30th

Establishment Name: _____ Phone Number: _____

Address: _____ Fax Number: _____
Street Town Zip

Mailing Address: _____ Email: _____
(IF DIFFERENT THAN ABOVE)

Name of Owner: _____	Home: _____
Phone: Mailing Address: _____	Cell Phone: _____
Email Address: _____	

Name of Manager: _____	Home: _____
Phone: Mailing Address: _____	Cell Phone: _____
Email Address: _____	

Certified Food Protection Manager: _____	Phone Number: _____
Person in Charge: _____	Phone Number: _____
(REQUIRED FOR CLASS 2, 3 AND 4 ESTABLISHMENTS: PLEASE ATTACH COPIES FOOD MANAGERS CERTIFICATES)	

Water Source: Public Water Name of Water Company: _____

Well Water Date of Last Analysis: _____

(PLEASE ENCLOSE A COPY OF CURRENT WATER REPORT)

Waste Disposal: Public Sewer

Septic System Date of Last Pumping: _____

(PLEASE ENCLOSE A COPY OF YOUR LAST BILL)

I acknowledge that receipt and retention of this permit depends on compliance with the FDA Food Code. I attest that the above information is correct.

Signature of Applicant: _____ Date: _____

FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE

Permit Number: _____ Class: _____ Fee Due: _____ Permit Issue Date: _____