



PLAINVILLE-SOUTHINGTON REGIONAL HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

Main Office
196 NORTH MAIN STREET
SOUTHINGTON, CT 06489
860-276-6275 • FAX 860-276-6277

Satellite Office
ONE CENTRAL SQUARE
PLAINVILLE, CT 06062
860-793-0221 x219 • FAX 860-747-1123

Public Health
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FOOD SERVICE ESTABLISHMENT APPLICATION FOR PLAN REVIEW AND PERMIT

Application Date: _____

Name of food service establishment: _____

Establishment address: _____

Mailing address, if different: _____

Permittee/Licensee: _____

Owner(s) name: _____

Owner(s) address and phone #: _____

Establishment phone #: _____ FAX #: _____

Email: _____ 24-Hr. Emergency Phone #: _____

Owner(s) of property: _____ Phone #: _____

Submit the following with this application:

- Plan review fee of \$100.00 (cash or payable to Plainville-Southington RHD)
- Proposed menu
- Manufacturer specification sheets for each piece of equipment shown on the plan
- Site plan showing location of business in building, location of building on site including alleys, streets and location of any outside equipment (dumpsters, well, septic system, etc., when applicable)
- Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation
- Equipment schedule
- Plans submitted to: Planning & Zoning, Fire, Police, Building, and Engineering

Type of water supply (CIRCLE): Community public water supply Non-community water supply Private well

Total # of seats at establishment: _____. Total sq. ft. of establishment: _____. Total # of employees: _____

All class 3 and 4 establishments are required to have at least one Qualified Food Operator (QFO) in a supervisory position on site. A QFO must provide this department with a copy of an **acceptable** certificate identifying the approved testing organization. This department classifies all establishments. You must obtain prior Health District approval for any significant change to the menu or to the classification.

Name of Qualified Food Operator: _____

The information I have provided above is true and accurate to the best of my knowledge. I understand that this Health District must approve any change in the operation prior to its implementation. I will comply with all federal, state and local laws, regulations and ordinances. I clearly understand that the Food Service Permit issued by this Health District may be suspended or revoked at any time without notice.

Signed: _____ Date: _____

Print Name: _____ Title: _____

FOR OFFICE USE ONLY

Plan Review fee paid: \$ _____ Date paid: _____ Classification: _____
Food Service Permit fee paid: \$ _____ Date paid: _____