

TOWN OF SOMERS
DEPARTMENT OF HEALTH
600 Main St.
Somers, CT 06071
(860) 763-8216

Fee:	
Class I -	\$125.00
Class II -	\$150.00
Class III -	\$200.00
Class IV -	\$200.00
Non-Profit - No Charge	

APPLICATION FOR FOOD SERVICE LICENSE

Name of Establishment: _____

Location: _____

Owner/Manager: _____

Certified Operator(s): _____

(Enclose a copy of each Food Protection Manager's certificate)

Business Phone: _____ Business Fax: _____ Home Phone: _____

E-mail Address: _____

Business Mailing Address: _____

Home Mailing Address: _____

Type of Establishment: Restaurant _____ Caterer _____ Grocery Store _____ Vendor _____ Other _____

Liquor Permit: yes _____ no _____

Hours of Operation: S _____-_____ M _____-_____ T _____-_____ W _____-_____ Th _____-_____
F _____-_____ S _____-_____

Seating Capacity: _____

Water Supply: City _____ Well _____, **(If on a well - a copy of your State of Connecticut Department of Public Health, Food Service Establishment Water System Registration Form must be attached)**

Sewage Disposal: City _____ Private _____

Date when the septic tank and/or grease trap was last pumped: _____

Signature _____

Date _____