



Department of Health
Griswold / Lisbon / Voluntown
 28 Main Street P.O. Box 369
 Griswold, Connecticut 06351



Telephone 376-7060 Ext. 110
 Fax: (860) 376-3789

A.G. Gosselin, M.D., Director
 A.G. Gosselin, Jr., Sanitarian

FOOD SERVICE LICENSE APPLICATION

*****This application must be completed to be valid*****

ALL LICENSES EXPIRE THE LAST DAY OF THE CALENDAR YEAR

1. Name of establishment as food service license should read:

2. Address of establishment: _____
 Mailing address of establishment (if different than above): _____

 Establishment phone number: _____

3. Seating capacity: _____
(as determined by the Fire Marshall's Certificate)

4. Name of Owner and or Chief Corporate Officer and Title:

 Mailing address: _____
 Daytime contact phone: _____

5. Signature of Owner or Manager of establishment:
 _____ Date: _____

6. Annual Fee (circle applicable category):

A). Establishments with a seating capacity of 1 – 25 people	\$ 50.00
B). Establishments with a seating capacity of 26 - 50 people	\$ 75.00
C). Establishments with a seating capacity of over 50 people	\$ 100.00
D). Take-out establishments	\$ 75.00
E). Seasonal take-out establishments	\$ 50.00
F). Itinerant food vending trucks	\$ 100.00
G). Caterers	\$ 50.00
H). Temporary License (not to exceed 14 days)	\$ 25.00
I). Non-food serving liquor establishments	\$ 50.00
J). Public & private schools, non-profit organizations, churches	\$ 1.00

NOTES:

- The Health Department must be notified of any transfer or change of ownership or closing of business within 48 hours of such change.
- All establishments which are licensed prior to the last day of the calendar year shall be charged a proportional fee upon the number of months remaining in said calendar year.

Director of Health Approval/Date: _____

Amount Paid: \$ _____ Check: # _____ Cash: _____

Food Service License #: _____

Date Issued: _____