



**BETHEL HEALTH DEPARTMENT**  
Clifford J. Hurgin Municipal Center  
1 School Street  
Bethel, Connecticut 06801  
(203) 794-8539

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## **Application for Food Service Establishment License**

### **Instructions for Completion of Form**

*Please follow these instructions carefully:*

1. Read Food Safety Standard Operation Guidelines for Food Service Operators (attached). Keep Guidelines and the Food Event Self-Inspection Checklist for reference.
2. Complete the Application for a Food Service License.

**All information requested must be completed and all questions answered. If not applicable, write N/A.**

**A menu must be submitted on Menu Sheet. Attachment 1**

**A Food Event Sketch must be submitted. Attachment 2**

3. Return completed signed application to the Bethel Health Department no later than **10 business days BEFORE** the event.
4. Out-of-town Food Service Establishments are required to submit a current food service license issued by another health department or district.
5. Class III and Class IV Food Service Operations Must Attach A Copy of the Qualified Food Operator (QFO) Certificate. You can also attach your QFO Certificate if you have one.
6. Submit Menu Page and Diagram Page with completed application. Submit completed Employee/Volunteer list to Bethel Health Department after the licensed event.



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## Application For Food Establishment License

**Please Check Type of License:**

Temporary: 1 to 14 consecutive days     Seasonal: 15 days or longer

**Name of Applicant:** \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Name Event//Organization/ Business:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Location of Event:** \_\_\_\_\_

**Date(s) of Event:** \_\_\_\_\_

**Hours of Food Service Operation:** \_\_\_\_\_

**Person in Charge:** \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please check Type of Water Supply:**

Self-contained / Home                       At Event Site                       Other (please describe):  
 Public Water                                       Public Water                      \_\_\_\_\_  
 Private well \*                                       Private well \*                      \_\_\_\_\_

\* Water analysis results performed within 3 months of the date of the event **must** be submitted with application

**Please Check Type of Toilet Facilities and Location:**

Rest Rooms                                       Portable toilets

By my signature below, I hereby agree to use standard food safety practices and guidelines when serving food and/or drink to the public. Failure to comply with the CT food/drink protection general statutes, regulations including CT Public Health Code Sections 19-13-B40, 19-13-B42, and any other regulations that may apply, and Town Ordinances, may result in revocation of the Bethel Health Department food service license.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Fee Schedule:**

Check One:	Amt. Due	Amount Pd	Cash/Ck#	Date
<input type="checkbox"/> 214 *Temporary Food License	\$65.00	_____	_____	_____
<input type="checkbox"/> 214.1 *Seasonal Food License	\$130.00	_____	_____	_____
<input type="checkbox"/> 214.5 *Non Profit Temp. Food License	\$25.00	_____	_____	_____
<input type="checkbox"/> 214.2 *Non Profit Seasonal Food Lic	\$72.22	_____	_____	_____

\*Temporary Food License: valid 1 through 14 consecutive days. Seasonal license valid 15 days or longer.

All fees are non-refundable

FOR BHD OFFICE USE ONLY

Application reviewed by: \_\_\_\_\_

Comments: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

**Please answer the following questions:**

*Note: All questions must be answered. Food Service License will not be issued for incomplete applications.*

1. Using **Menu Sheet** (Attachment 1) list all foods and beverages that will be served. Indicate where food will be made or purchased. (Note: Ice is considered a food)
2. Submit a **diagram showing the layout of the food event** (Attachment 2). Show work tables/counters; cooking and hot holding equipment; coolers/refrigeration; hand washing stations; sinks; customer service table/counter, beverage station, dessert station, etc.
3. Will all foods be prepared at this food service event site?     Yes     No

If answered "No", the facility used must be a licensed commercially inspected kitchen and the appropriate Health Department License must be attached. Also, describe how food will be protected during transportation and how product temperatures will be maintained (exempt status for CT Farmers).

4. Will any foods be prepared ahead of time? List food item(s) and details of preparation - when; where; how cooled; how reheated, etc. Please note that preparing food ahead of time may not be allowed.

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5. Describe how temperatures of both hot and cold foods will be maintained and monitored during the event (include equipment, etc.). \_\_\_\_\_

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6. Describe how food will be stored at the event (minimum of 12 inches off the ground). \_\_\_\_\_

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7. Describe where and how cleaning and sanitizing of utensils, cutting boards, and other food contact surfaces will take place. Also, describe provisions for backup utensils (sanitized test strips must be available/used based on type of sanitizer used). \_\_\_\_\_

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8. Describe how food items will be protected from public exposure (sneezing, coughing, touching, etc.) and outdoor elements (flies, dust, etc.) \_\_\_\_\_

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9. Employee/Volunteer list (Attachment 3) is to be completed at the end of the event and returned to Bethel Health Department. This List is useful if a problem occurs.









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**PAYSHEET FOR SERVICES RENDERED REGARDING FOOD SERVICE ESTABLISHMENTS**

ESTABLISHMENT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ESTABLISHMENT ADDRESS: \_\_\_\_\_  
 OWNER/OPERATOR NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 OWNER/OPERATOR ADDRESS: \_\_\_\_\_  
 SIGNATURE OF OWNER/OPERATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE CHECK	OFFICE USE ONLY			
	No.	_____	DESCRIPTION	AMOUNT
	No. 212.1	_____	NEW OR CHANGE OF OWNER – Class 1 License	\$175.00
	No. 212.2	_____	NEW OR CHANGE OF OWNER – Class 2 License	\$350.00
	No. 212.3	_____	NEW OR CHANGE OF OWNER – Class 3 License	\$350.00
	No. 212.4	_____	NEW OR CHANGE OF OWNER – Class 4 License	\$375.00
	No. 213.1	_____	YEARLY LICENSE RENEWAL – Class 1	\$175.00
	No. 213.2	_____	YEARLY LICENSE RENEWAL – Class 2	\$350.00
	No. 213.3	_____	YEARLY LICENSE RENEWAL – Class 3	\$350.00
	No. 213.4	_____	YEARLY LICENSE RENEWAL – Class 4	\$375.00
	No. 214	_____	TEMPORARY LICENSE	\$65.00
	No. 214.1	_____	SEASONAL LICENSE	\$130.00
	No. 214.2	_____	NON-PROFIT SEASONAL LICENSE	\$72.22
	No. 215	_____	REINSPECTION	\$75.00
	No. 223.1	_____	PLAN REVIEW – Class 1	\$150.00
	No. 223.2	_____	PLAN REVIEW – Class 2	\$200.00
	No. 223.3	_____	PLAN REVIEW – Class 3	\$300.00
	No. 223.4	_____	PLAN REVIEW – Class 4	300.00
	No. 224	_____	REVISED PLAN REVIEW	\$100.00
	No. 224.1	_____	LICENSE APPLICATION/RENEWAL LATE	\$75.00
	No. 224.2	_____	TEMPORARY FOOD APPLICATION LATE FEE	\$25.00
	No. 224.3	_____	QFO DEMONSTRATION KNOWLEDGE COURSE/TEST	\$220.00
	No. 224.4	_____	FEE FOR TRANSLATION QFO COURSE/TEST	\$50.00
	No. 224.5	_____	NON-PROFIT TEMP FOOD SERVICE APPLICATION (Excluding Religious Organizations)	\$25.00

**NOTE: FEE MUST BE PAID AT TIME OF APPLICATION**

AMOUNT PAID: \$ \_\_\_\_\_ CASH OR CHECK NUMBER: \_\_\_\_\_ DATE REC'D: \_\_\_\_\_

*Please Make Check Payable to the Town of Bethel*





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### HANDWASHING TEMPORARY FOOD BOOTHS

A HANDWASHING STATION MUST INCLUDE:  
POTABLE HOT AND COLD RUNNING WATER (OR WARM WATER)  
LIQUID SOAP IN A DISPENSER  
PAPER TOWELS  
CONTAINER FOR WASTE WATER

WATER CONTAINER MUST BE CLEAN AND HAVE A VALVE OR SPIGOT THAT  
REMAINS OPEN TO ALLOW FOR ADEQUATE HANDWASHING.

Diagram #3

