



TOWN OF MANCHESTER HEALTH DEPARTMENT
 479 Main Street, P.O. Box 191, Manchester, CT 06045-0191
 Phone Number: **(860) 647-3173**, Fax Number: **(860) 647-3188**

Application for Full Service Food License

Restaurant Establishment Information

New License License Renewal

*****(Please Print Clearly)*****

Name of Establishment:			
Manager's Name:			
Street Address:			
City, State, Zip Code:			
Phone#:		Cell Phone#:	
Fax#:			
E-Mail Address:		Seating Capacity:	
Please submit latest copy of the Qualified Food Operator/ServSafe certificates to the office.			
Qualified Food Operator:	YES <input type="checkbox"/> NO <input type="checkbox"/>	(Required for Class 3 & 4)	Certificate#:
Name:		Date:	

Restaurant Owner Contact Information

Owner's Name:			
Street Address:			
City, State, Zip Code:			
Phone#:		Fax #:	
E-Mail Address:		Cell Phone#:	

Renovations

Were there any renovations made last year? YES NO Will there be any renovations? YES NO

If **Yes**, please list all renovations that were done/to be done:

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Mailing Address to send Food License Renewal Permit to:

Name of Restaurant/Company:			
Attention:			
Address1:			
Address2:			
City, State, Zip Code:			
Phone#:			

Restaurant Menu/List of All Items Served/Sold

Latest Menu Attached? YES NO

NOTE (Must have latest copy on file)**

Please list all menu items in as much detail as possible **or** a copy of a menu attached is applicable.

Additional Information

Please check one only:

State Licenses: **Bakery** **Café** **Liquor Permit** **None**

Water Supply **Public** **Private Well**

Wastewater Disposal: **Public** **On-Site** **Other** (please use space below to explain)

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that any false statements or other misrepresentations made on this application may result in immediate shutdown or revocation of my Food Service License for the Town of Manchester. **Please submit this complete registration form with a check payable to: Town of Manchester.** Food Service License will be issued after the Food Inspector has completed his/her inspection.

Applicant Name (Print):		
Applicant Signature:		Date:

Office Use Only

Inspector Name (Print):	
Inspector Signature:	Date:
Food Class: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Fee:
Food License#:	Expiration Date:
Check#: Cash: <input type="checkbox"/>	Receipt#:
Fee Paid:	Date Received: