

Environmental Health Licensing Schedule

<u>License Type</u>	<u>Fee</u>	<u>Late Charge</u>	<u>Due Date</u>	<u>City Ordinances</u>
Restaurant 0-50 (Seating)	\$200	\$100	January 1 st	8.20.430
Restaurant 51-100 (Seating)	\$250	\$100	January 1 st	8.20.430
Restaurant 101+ (Seating)	\$350	\$100	January 1 st	8.20.430
Beverage 0-50 (Seating)	\$175	\$100	January 1 st	8.20.140
Beverage 51-100 (Seating)	\$250	\$100	January 1 st	8.20.140
Beverage 101+ (Seating)	\$325	\$100	January 1 st	8.20.140
Sandwich	\$250	\$100	January 1 st	8.20.090
Milk	\$100	\$100	January 1 st	8.20.200
Tobacco (Tobacco Marketing Permit Procedure)	\$125		January 1 st	8.90.050
Vendor	\$250	\$100	April 1 st	8.20.650
Pools	\$200	\$200	May 15 th	8.84.050
Barber	\$150	\$150	June 1 st	5.16.010
Beauty	\$150	\$150	June 1 st	5.16.010
Nail	\$150	\$150	June 1 st	5.16.010
Hair Braiding	\$150	\$150	June 1 st	5.16.010
Tattoo	\$150	\$150	June 1 st	5.16.010
Massage Therapy	\$150	\$150	June 1 st	5.16.010
Food Establishment 0-2500(Sq. Feet)	\$250	\$100	July 1 st	8.20.230
Food Establishment 2500 +(Sq. Feet)	\$350	\$100	July 1 st	8.20.230
Frozen Desserts	\$150	\$150	July 1 st	8.20.040
Poultry	\$150	\$150	July 1 st	
Day Care	\$200	\$200	October 1 st	8.16.050, 8.16.120 & 8.16.110
Temporary Vendor	\$100			
Plan Review (Depending on sq. footage)	\$100 OR \$300			
Food Handler Certification	\$10			
Rodent Free Certificate	\$100			
Permit to Construct or Repair a Sewage Disposal system	\$150			
Soil Testing (Dip, Perks)	\$100			

PLEASE PRINT

BRIDGEPORT HEALTH DEPARTMENT

999 Broad Street

Bridgeport, CT 06604

Phone: 203-576-7474/Fax: 203-576-7793

APPLICATION FOR: **RESTAURANT LICENSE**

OFFICE USE ONLY

Per# _____ LI# _____ Insp. _____

Date: _____

Late Charge: _____

Fee: **\$200** Total: _____

Bank Check: _____

MO: _____

Received by: _____

NAME OF ESTABLISHMENT _____

ADDRESS/TOWN _____ () _____
ZIP CODE PHONE

NAME OF OWNER/MANAGER'S NAME _____

HOME ADDRESS/TOWN _____ () _____
ZIP CODE PHONE

Issuance of this license shall not be construed as permission to create or maintain any violations of the sanitary regulations and ordinances of the State of Connecticut and the City of Bridgeport. The undersigned agrees to comply with all such sanitary regulations and ordinances. Must be renewed January 1st annually. Late charge is an additional \$100 dollar.

THIS LICENSE IS NOT TRANSFERRABLE.

Please make Money Order or Bank Check to: **Bridgeport Health Department**

Applicant's Signature

PLEASE PRINT

BRIDGEPORT HEALTH DEPARTMENT

999 Broad Street

Bridgeport, CT 06604

Phone: 203-576-7474/Fax: 203-576-7793

APPLICATION FOR: RESTAURANT LICENSE

OFFICE USE ONLY

Per# _____ Ll# _____ Insp. _____

Date: _____

Late Charge: _____

Fee: **\$250** Total: _____

Bank Check: _____

MO: _____

Received by: _____

NAME OF ESTABLISHMENT _____

ADDRESS/TOWN _____ () _____
ZIP CODE PHONE

NAME OF OWNER/MANAGER'S NAME _____

HOME ADDRESS/TOWN _____ () _____
ZIP CODE PHONE

Issuance of this license shall not be construed as permission to create or maintain any violations of the sanitary regulations and ordinances of the State of Connecticut and the City of Bridgeport. The undersigned agrees to comply with all such sanitary regulations and ordinances. Must be renewed January 1st annually. Late charge is an additional \$100 dollar.

THIS LICENSE IS NOT TRANSFERRABLE.

Please make Money Order or Bank Check to: **Bridgeport Health Department**

Applicant's Signature

PLEASE PRINT

BRIDGEPORT HEALTH DEPARTMENT

999 Broad Street

Bridgeport, CT 06604

Phone: 203-576-7474/Fax: 203-576-7793

APPLICATION FOR: RESTAURANT LICENSE

OFFICE USE ONLY

Per# _____ LI# _____ Insp. _____

Date: _____

Late Charge: _____

Fee: **\$350** Total: _____

Bank Check: _____

MO: _____

Received by: _____

NAME OF ESTABLISHMENT _____

ADDRESS/TOWN _____ ZIP CODE _____ (____) _____
PHONE

NAME OF OWNER/MANAGER'S NAME _____

HOME ADDRESS/TOWN _____ ZIP CODE _____ (____) _____
PHONE

Issuance of this license shall not be construed as permission to create or maintain any violations of the sanitary regulations and ordinances of the State of Connecticut and the City of Bridgeport. The undersigned agrees to comply with all such sanitary regulations and ordinances. Must be renewed January 1st annually. Late charge is an additional \$100 dollar.

THIS LICENSE IS NOT TRANSFERRABLE.

Please make Money Order or Bank Check to: **Bridgeport Health Department**

Applicant's Signature

PLEASE PRINT

BRIDGEPORT HEALTH DEPARTMENT

999 Broad Street

Bridgeport, CT 06604

Phone: 203-576-7474/Fax: 203-576-7793

APPLICATION FOR: BEVERAGE LICENSE

OFFICE USE ONLY

Per# _____ LI# _____ Insp. _____

Date: _____

Late Charge: _____

Fee: **\$175** Total: _____

Bank Check: _____

MO: _____

Received by: _____

NAME OF ESTABLISHMENT _____

ADDRESS/TOWN _____ ZIP CODE _____ (____) _____
PHONE

NAME OF OWNER/MANAGER'S NAME _____

HOME ADDRESS/TOWN _____ ZIP CODE _____ (____) _____
PHONE

NUMBER OF FOOD HANDLERS _____

Issuance of this license shall not be construed as permission to create or maintain any violations of the sanitary regulations and ordinances of the State of Connecticut and the City of Bridgeport. The undersigned agrees to comply with all such sanitary regulations and ordinances. Must be renewed by JANUARY 1ST annually. Late charge is an additional \$100 dollar.

THIS LICENSE IS NOT TRANSFERRABLE.

Please make Bank Check or Money Order to: **Bridgeport Health Department** _____

Applicant's Signature

PLEASE PRINT

BRIDGEPORT HEALTH DEPARTMENT

999 Broad Street
Bridgeport, CT 06604

Phone: 203-576-7474/Fax: 203-576-7793

APPLICATION FOR: **BEVERAGE LICENSE**

OFFICE USE ONLY

Per# _____ LI# _____ Insp. _____
Date: _____
Late Charge: _____
Fee: **\$250** Total: _____
Bank Check: _____
MO: _____
Received by: _____

NAME OF ESTABLISHMENT _____

ADDRESS/TOWN _____ ZIP CODE _____ (____) _____
PHONE

NAME OF OWNER/MANAGER'S NAME _____

HOME ADDRESS/TOWN _____ ZIP CODE _____ (____) _____
PHONE

NUMBER OF FOOD HANDLERS _____

Issuance of this license shall not be construed as permission to create or maintain any violations of the sanitary regulations and ordinances of the State of Connecticut and the City of Bridgeport. The undersigned agrees to comply with all such sanitary regulations and ordinances. Must be renewed by JANUARY 1ST annually. **Late charge is an additional \$100 dollar.**

THIS LICENSE IS NOT TRANSFERRABLE.

Please make Bank Check or Money Order to: **Bridgeport Health Department** _____
Applicant's Signature

PLEASE PRINT

BRIDGEPORT HEALTH DEPARTMENT

999 Broad Street

Bridgeport, CT 06604

Phone: 203-576-7474/Fax: 203-576-7793

APPLICATION FOR: BEVERAGE LICENSE

OFFICE USE ONLY

Per# _____ LI# _____ Insp. _____

Date: _____

Late Charge: _____

Fee: **\$325** Total: _____

Bank Check: _____

MO: _____

Received by: _____

NAME OF ESTABLISHMENT _____

ADDRESS/TOWN _____ ZIP CODE _____ (____) _____
PHONE

NAME OF OWNER/MANAGER'S NAME _____

HOME ADDRESS/TOWN _____ ZIP CODE _____ (____) _____
PHONE

NUMBER OF FOOD HANDLERS _____

Issuance of this license shall not be construed as permission to create or maintain any violations of the sanitary regulations and ordinances of the State of Connecticut and the City of Bridgeport. The undersigned agrees to comply with all such sanitary regulations and ordinances. Must be renewed by JANUARY 1ST annually. **Late charge is an additional \$100 dollar.**

THIS LICENSE IS NOT TRANSFERRABLE.

Please make Bank Check or Money Order to: **Bridgeport Health Department** _____

Applicant's Signature

PLEASE PRINT

BRIDGEPORT HEALTH DEPARTMENT

999 Broad Street
Bridgeport, CT 06604

Phone: 203-576-7474/Fax: 203-576-7793

APPLICATION FOR: **SANDWICH LICENSE**

OFFICE USE ONLY

Per# _____ LI# _____ Insp. _____

Date: _____

Late Charge: _____

Fee: **\$250** Total: _____

Bank Check: _____

MO: _____

Received by: _____

NAME OF ESTABLISHMENT _____

ADDRESS/TOWN _____ ZIP CODE _____ (____) _____
PHONE

NAME OF OWNER/MANAGER'S NAME _____

HOME ADDRESS/TOWN _____ ZIP CODE _____ (____) _____
PHONE

Issuance of this license shall not be construed as permission to create or maintain any violations of the sanitary regulations and ordinances of the State of Connecticut and the City of Bridgeport. The undersigned agrees to comply with all such sanitary regulations and ordinances. Must be renewed by JANUARY 1ST annually. Late charge is an additional \$100 dollar.

THIS LICENSE IS NOT TRANSFERRABLE.

Please make Money Order or Bank Check to: Bridgeport Health Department _____

Applicant's Signature

PLEASE PRINT

BRIDGEPORT HEALTH DEPARTMENT

999 Broad Street
Bridgeport, CT 06604

Phone: 203-576-7474/Fax: 203-576-7793

APPLICATION FOR: MILK LICENSE

OFFICE USE ONLY

Per# _____ LI# _____ Insp. _____

Date: _____

Late Charge: _____

Fee: **\$100** Total: _____

Bank Check: _____

MO: _____

Received by: _____

NAME OF ESTABLISHMENT _____

ADDRESS/TOWN _____ (_____) _____
ZIP CODE PHONE

NAME OF OWNER/MANAGER'S NAME _____

HOME ADDRESS/TOWN _____ (_____) _____
ZIP CODE PHONE

Issuance of this license shall not be construed as permission to create or maintain any violations of the sanitary regulations and ordinances of the State of Connecticut and the City of Bridgeport. The undersigned agrees to comply with all such sanitary regulations and ordinances. Must be renewed JANUARY 1ST annually. Late charge is an additional \$100 dollar.

THIS LICENSE IS NOT TRANSFERRABLE.

Please make Money Order or Bank Check to: **Bridgeport Health Department** _____
Applicant's Signature

PLEASE PRINT

BRIDGEPORT HEALTH DEPARTMENT

999 Broad Street

Bridgeport, CT 06604

Phone: 203-576-7474/Fax: 203-576-7793

APPLICATION FOR: TOBACCO LICENSE

OFFICE USE ONLY

Per# _____ LI# _____ Insp. _____

Date: _____

Late Charge: _____

Fee: **\$125** Total: _____

Bank Check: _____

MO: _____

Received by: _____

NAME OF ESTABLISHMENT _____

ADDRESS/TOWN _____ ZIP CODE _____ (____) _____
PHONE

NAME OF OWNER/MANAGER'S NAME _____

HOME ADDRESS/TOWN _____ ZIP CODE _____ (____) _____
PHONE

Issuance of this license shall not be construed as permission to create or maintain any violations of the sanitary regulations and ordinances of the State of Connecticut and the City of Bridgeport. The undersigned agrees to comply with all such sanitary regulations and ordinances. Must be renewed by January 1st.

THIS LICENSE IS NOT TRANSFERRABLE.

Please make Money Order or Bank Check to: **Bridgeport Health Department**

Applicant's Signature

OFFICE USE ONLY	
Permit# _____	/Li# _____ /Insp. _____
Date: _____	
Late Charge: _____	
Fee: \$250 Total: _____	
Check#: _____	
MO#: _____	
Received by: _____	

PLEASE PRINT
BRIDGEPORT HEALTH DEPARTMENT

999 Broad Street
 Bridgeport, CT 06604
 Phone: (203) 576.7474/Fax: (203) 576.7793

APPLICATION FOR: VENDOR LICENSE

NAME OF ESTABLISHMENT _____ CART/VEHICLE PLATE# _____

ADDRESS/TOWN _____ ()
 ZIP CODE PHONE

NAME OF OWNER _____

HOME ADDRESS/TOWN _____ ()
 ZIP CODE PHONE

Issuance of this license shall not be construed as permission to create or maintain any violations of the sanitary regulations and ordinances of the State of Connecticut and the City of Bridgeport. The undersigned agrees to comply with all such sanitary regulations and ordinances. Must be renewed APRIL 1ST annually. Late charge is \$100 dollars

THIS LICENSE IS NOT TRANSFERRABLE.

Please make Check or Money Order to: Bridgeport Health Department

 Applicant's Signature

Article V. Itinerant Food Vendors

8.20.650 Food vending license.

- A. No person, firm or corporation shall operate or maintain within the city an itinerant food vending business, servicing food or drink from any conveyance, without fixed location and without connections to water supply and sewage disposal systems, except after compliance with Section 19-13-B-48 of the Connecticut Public Health Code.
- B. The annual fee for each itinerant vending unit shall be two hundred and fifty dollars (\$250.00). All licenses will be due by March 31st. A temporary itinerant vending food license of five days at a fee of one hundred dollars (\$100.00) can be obtained.
- C. In the event that the reapplication for license and receipt of payment for such license is not obtained by the department of health on or before March 31st the license shall increase to three hundred and fifty dollars (\$350.00). (Ord. dated 10/17/05; Ord. dated 7/5/05; Ord. dated 1/18/94 (part); prior code § 23-22)

PLEASE PRINT

VENDOR'S CHECK LIST

CART/VEHICLE'S NAME: _____

DATE: _____

OWNER: _____

INSPECTOR # _____

ADDRESS: _____

PHONE # _____

CITY/STATE: _____

ZIP _____

(FOR OFFICE USE ONLY)

YES NO

- 1. Clean. _____
- 2. Name and phone number on both sides of cart or vehicle. _____
- 3. Overhead protective cover (e.g., umbrella). _____
- 4. Non-absorbent floor (where applicable). _____
- 5. Refrigeration (must be part of cart/vehicle), Describe: _____
- 6. Cooking units (must be part of cart/vehicle, Describe: _____
- 7. Running water (hot & cold) under pressure with catch basin, Describe: _____
- 8. Disposal of waste water (must be into septic system - not storm rain), Describe: _____
- 9. Wash basins for utensils (sinks) must be part of cart/vehicle, Describe: _____
- 10. Trash collector, inside and out. _____
- 11. Where trash is disposed: _____
- 12. Where is grease disposed: _____
- 13. Menu: (All types of food for sale) _____
- 14. Commercial source of food (to be purchased daily), List: _____
- 15. Where food is stored overnight, (commercial storage *ONLY*) - No home storage, Describe: _____
- 16. General area Vendor will be, (areas outlined in Sec. 5.48.140 of City Ordinances). Describe: _____
- 17. Cold Beverages List types: _____
- 18. Hot Holding, List foods: _____
Describe unit: _____

PLEASE PRINT

BRIDGEPORT HEALTH DEPARTMENT

999 Broad Street

Bridgeport, CT 06604

Phone: 203-576-7474/Fax: 203-576-7793

APPLICATION FOR: SWIMMING POOL LICENSE

OFFICE USE ONLY

Per# _____ LI# _____ Insp. _____

Date: _____

Late Charge: _____

Fee: **\$200** Total: _____

Bank Check: _____

MO: _____

Received by: _____

NAME OF ESTABLISHMENT _____

ADDRESS/TOWN _____ (____) _____
ZIP CODE PHONE

NAME OF OWNER/MANAGER'S NAME _____

HOME ADDRESS/TOWN _____ (____) _____
ZIP CODE PHONE

Issuance of this license shall not be construed as permission to create or maintain any violations of the sanitary regulations and ordinances of the State of Connecticut and the City of Bridgeport. The undersigned agrees to comply with all such sanitary regulations and ordinances. Must be renewed May 15th annually. Late charge is double fee.

THIS LICENSE IS NOT TRANSFERRABLE.

Please make Money Order or Bank Check to: **Bridgeport Health Department**

Applicant's Signature

PLEASE PRINT

BRIDGEPORT HEALTH DEPARTMENT

999 Broad Street

Bridgeport, CT 06604

Phone: 203-576-7474/Fax: 203-576-7793

APPLICATION FOR: BARBER SHOP LICENSE

OFFICE USE ONLY

Date: _____

Late Charge: _____

Fee: **\$150** Total: _____

Check#: _____

MO: _____

Received by: _____

NAME OF ESTABLISHMENT _____

ADDRESS/TOWN _____ ZIP CODE _____ () _____
PHONE

NAME OF OWNER/MANAGER'S NAME _____

HOME ADDRESS/TOWN _____ ZIP CODE _____ () _____
PHONE

Issuance of this license shall not be construed as permission to create or maintain any violations of the sanitary regulations and ordinances of the State of Connecticut and the City of Bridgeport. The undersigned agrees to comply with all such sanitary regulations and ordinances. **Must be renewed JUNE 1ST annually. Late charge is double fee.**

THIS LICENSE IS NOT TRANSFERRABLE.

Please make Check or Money Order to: Bridgeport Health Department

Applicant's Signature

PLEASE PRINT

BRIDGEPORT HEALTH DEPARTMENT

999 Broad Street
Bridgeport, CT 06604

Phone: 203-576-7474/Fax: 203-576-7793

APPLICATION FOR: BEAUTY SHOP LICENSE

OFFICE USE ONLY

Date: _____

Late Charge: _____

Fee: **\$150** Total: _____

Check#: _____

MO: _____

Received by: _____

NAME OF ESTABLISHMENT _____

ADDRESS/TOWN _____ () _____
ZIP CODE PHONE

NAME OF OWNER/MANAGER'S NAME _____

HOME ADDRESS/TOWN _____ () _____
ZIP CODE PHONE

Issuance of this license shall not be construed as permission to create or maintain any violations of the sanitary regulations and ordinances of the State of Connecticut and the City of Bridgeport. The undersigned agrees to comply with all such sanitary regulations and ordinances. **Must be renewed JUNE 1ST annually. Late charge is double fee.**

THIS LICENSE IS NOT TRANSFERRABLE.

Please make Check or Money Order to: Bridgeport Health Department

Applicant's Signature

PLEASE PRINT

BRIDGEPORT HEALTH DEPARTMENT

999 Broad Street

Bridgeport, CT 06604

Phone: 203-576-7474/Fax: 203-576-7793

APPLICATION FOR: NAIL SHOP LICENSE

OFFICE USE ONLY

Date: _____

Late Charge: _____

Fee: **\$150** Total: _____

Check#: _____

MO: _____

Received by: _____

NAME OF ESTABLISHMENT _____

ADDRESS/TOWN _____ () _____
ZIP CODE PHONE

NAME OF OWNER/MANAGER'S NAME _____

HOME ADDRESS/TOWN _____ () _____
ZIP CODE PHONE

Issuance of this license shall not be construed as permission to create or maintain any violations of the sanitary regulations and ordinances of the State of Connecticut and the City of Bridgeport. The undersigned agrees to comply with all such sanitary regulations and ordinances. **Must be renewed JUNE 1ST annually. Late charge is double fee.**

THIS LICENSE IS NOT TRANSFERRABLE.

Please make Check or Money Order to: **Bridgeport Health Department**

Applicant's Signature

PLEASE PRINT

BRIDGEPORT HEALTH DEPARTMENT

999 Broad Street

Bridgeport, CT 06604

Phone: 203-576-7474/Fax: 203-576-7793

APPLICATION FOR: HAIR BRAIDING LICENSE

OFFICE USE ONLY

Date: _____

Late Charge: _____

Fee: **\$150** Total: _____

Check#: _____

MO: _____

Received by: _____

NAME OF ESTABLISHMENT _____

ADDRESS/TOWN _____ () _____
ZIP CODE PHONE

NAME OF OWNER/MANAGER'S NAME _____

HOME ADDRESS/TOWN _____ () _____
ZIP CODE PHONE

Issuance of this license shall not be construed as permission to create or maintain any violations of the sanitary regulations and ordinances of the State of Connecticut and the City of Bridgeport. The undersigned agrees to comply with all such sanitary regulations and ordinances. **Must be renewed JUNE 1ST annually. Late charge is double fee.**

THIS LICENSE IS NOT TRANSFERRABLE.

Please make Check or Money Order to: **Bridgeport Health Department**

Applicant's Signature

PLEASE PRINT

BRIDGEPORT HEALTH DEPARTMENT

999 Broad Street

Bridgeport, CT 06604

Phone: 203-576-7474/Fax: 203-576-7793

OFFICE USE ONLY

Date: _____

Late Charge: _____

Fee: **\$150** Total: _____

Check#: _____

MO: _____

Received by: _____

APPLICATION FOR: TATTOO LICENSE

NAME OF ESTABLISHMENT _____

ADDRESS/TOWN _____ ZIP CODE _____ (____) _____
PHONE

NAME OF OWNER/MANAGER'S NAME _____

HOME ADDRESS/TOWN _____ ZIP CODE _____ (____) _____
PHONE

Issuance of this license shall not be construed as permission to create or maintain any violations of the sanitary regulations and ordinances of the State of Connecticut and the City of Bridgeport. The undersigned agrees to comply with all such sanitary regulations and ordinances. **Must be renewed JUNE 1ST annually. Late charge is double fee.**

THIS LICENSE IS NOT TRANSFERRABLE.

Please make Check or Money Order to: **Bridgeport Health Department**

Applicant's Signature



City of Bridgeport
Environmental Health Department

TATTOO – PIERCING BUSINESS LICENSE APPLICATION

Type of Establishment Tattoo Piercing

Type of Applicant: Individual Partnership Corporation Other Organization

Name of Individual, Partnership, Corporation or Other Organization _____

Business Name: _____

Address: _____ Phone: _____

Has applicant or any person having an ownership or management position in the tattoo business had a City tattoo business license revoked within a two (2) year period immediately preceding the date this application will be submitted?

Yes No If yes, explain: _____

Does applicant hold a current tattoo license from any other governmental unit? Yes No

If yes, name the locations: _____

Individual: If applicable, complete this question.

Full Name: _____

Residence Address: _____ Phone: _____

Business Address: _____ Phone: _____

Partnership: If applicable, complete this question for all general partners, limited partners and managing partners.

Full Name: _____ Interest: _____

Residence Address: _____ Phone: _____

Business Address: _____ Phone: _____

Full Name: _____ Interest: _____

Residence Address: _____ Phone: _____

Business Address: _____ Phone: _____

Full Name: _____ Interest: _____

Residence Address: _____ Phone: _____

Business Address: _____ Phone: _____

Corporation Organization: Attach a copy of the Certificate of Incorporation.

Manager(s), Proprietor(s), or any other individual or Agent in charge of the licensed premises

FullName: _____ Position _____ %

Residence Address: _____ Phone: _____

FullName: _____ Position _____ %

Residence Address: _____ Phone: _____

FullName: _____ Position _____ %

Residence Address: _____ Phone: _____

Name: _____ Position _____ %

Residence Address: _____ Phone: _____

All applicants complete this section.

If the premise is planned, under construction or undergoing substantial alteration, or new application, the application shall be accompanied by a set of preliminary plans showing the proposed design.

Legal Description of the premises to be licensed. Submit a drawing showing dimensions, location of building, street access and parking facilities. The floor plan shall detail all internal operations and activities, including a statement of the total floor space occupied by the business. The floor plan need not be professionally prepared but must be drawn to a designated scale or drawn with marked dimensions of the interior of the premises.
Attach a list of employees who will perform tattooing or piercing at the licensed establishment.

The information I have provided on this application is truthful. I authorized The City of Bridgeport and the Police Department to verify any and all of the information requested on this application, including the ordering of criminal background checks, and to conduct any necessary investigation to assure this application is true.

Signature of Applicant _____

Approved by Police Department _____ Date _____

Approved by Health Department _____ Date _____

OFFICE USE ONLY

Permit# _____ Lic# _____ Insp. _____
Date: _____
Late Charge: _____
Fee: **\$250** Total: _____
Bank Check#: _____
MO: _____
Received by: _____

PLEASE PRINT

BRIDGEPORT HEALTH DEPARTMENT

999 Broad Street

Bridgeport, CT 06604

Phone: 203-576-7474/Fax: 203-576-7793

APPLICATION FOR: FOOD ESTABLISHMENT LICENSE

NAME OF ESTABLISHMENT _____

ADDRESS/TOWN _____ ZIP CODE _____ (____) _____
PHONE

NAME OF OWNER/MANAGER'S NAME _____

HOME ADDRESS/TOWN _____ ZIP CODE _____ (____) _____
PHONE

NUMBER OF FOOD HANDLERS _____

Issuance of this license shall not be construed as permission to create or maintain any violations of the sanitary regulations and ordinances of the State of Connecticut and the City of Bridgeport. The undersigned agrees to comply with all such sanitary regulations and ordinances. Must be renewed by JULY 1ST annually. **Late charge is an additional \$100 dollar.**

THIS LICENSE IS NOT TRANSFERRABLE.

Please make Bank Check or Money Order to: **Bridgeport Health Department** _____

Applicant's Signature

OFFICE USE ONLY		
Permit#	Lic#	Insp.
Date:		
Late Charge:		
Fee: \$350	Total:	
Bank Check#:		
MO:		
Received by:		

PLEASE PRINT
BRIDGEPORT HEALTH DEPARTMENT

999 Broad Street
 Bridgeport, CT 06604
 Phone: 203-576-7474/Fax: 203-576-7793

APPLICATION FOR: FOOD ESTABLISHMENT LICENSE

NAME OF ESTABLISHMENT _____

ADDRESS/TOWN _____ () _____
ZIP CODE PHONE

NAME OF OWNER/MANAGER'S NAME _____

HOME ADDRESS/TOWN _____ () _____
ZIP CODE PHONE

NUMBER OF FOOD HANDLERS _____

Issuance of this license shall not be construed as permission to create or maintain any violations of the sanitary regulations and ordinances of the State of Connecticut and the City of Bridgeport. The undersigned agrees to comply with all such sanitary regulations and ordinances. Must be renewed JULY 1ST annually. Late charge is an additional \$100 dollar.

THIS LICENSE IS NOT TRANSFERRABLE.

Please make Bank Check or Money Order to: **Bridgeport Health Department** _____
Applicant's Signature

OFFICE USE ONLY		
Per#	LI#	Insp.
Date:		
Late Charge:		
Fee: \$150	Total:	
Check#:		
MO:		
Received by:		

PLEASE PRINT
BRIDGEPORT HEALTH DEPARTMENT
 999 Broad Street
 Bridgeport, CT 06604
 Phone: 203-576-7474/Fax: 203-576-7793

APPLICATION FOR: FROZEN DESSERT LICENSE

NAME OF ESTABLISHMENT _____

ADDRESS/TOWN _____ ZIP CODE _____ (____) _____
PHONE

NAME OF OWNER/MANAGER'S NAME _____

HOME ADDRESS/TOWN _____ ZIP CODE _____ (____) _____
PHONE

Issuance of this license shall not be construed as permission to create or maintain any violations of the sanitary regulations and ordinances of the State of Connecticut and the City of Bridgeport. The undersigned agrees to comply with all such sanitary regulations and ordinances. Must be renewed July 1st annually. **Late charge is double fee.**

THIS LICENSE IS NOT TRANSFERRABLE.

Please make Check or Money Order to: **Bridgeport Health Department**

 Applicant's Signature

OFFICE USE ONLY		
Permit#	Lic#	Insp.
Date:		
Late Charge:		
Fee: \$150	Total:	
Bank Check#:		
MO:		
Received by:		

PLEASE PRINT
BRIDGEPORT HEALTH DEPARTMENT
 999 Broad Street
 Bridgeport, CT 06604
 Phone: 203-576-7474/Fax: 203-576-7793

APPLICATION FOR: POULTRY LICENSE

NAME OF ESTABLISHMENT _____

ADDRESS/TOWN _____ ZIP CODE _____ (____) _____
PHONE

NAME OF OWNER/MANAGER'S NAME _____

HOME ADDRESS/TOWN _____ ZIP CODE _____ (____) _____
PHONE

Issuance of this license shall not be construed as permission to create or maintain any violations of the sanitary regulations and ordinances of the State of Connecticut and the City of Bridgeport. The undersigned agrees to comply with all such sanitary regulations and ordinances. Must be renewed JULY 1ST annually. Late charge is an additional double fee.

THIS LICENSE IS NOT TRANSFERRABLE.

Please make Bank Check or Money Order to: **Bridgeport Health Department** _____
Applicant's Signature

PLEASE PRINT

BRIDGEPORT HEALTH DEPARTMENT

999 Broad Street

Bridgeport, CT 06604

Phone: 203-576-7474/Fax: 203-576-7793

APPLICATION FOR: CERTIFICATE OF INSPECTION

OFFICE USE ONLY

Per# _____ LI# _____ Insp. _____

Date: _____

Late Charge: _____

Fee: **\$200** Total: _____

Bank Check: _____

MO: _____

Received by: _____

NAME OF ESTABLISHMENT _____

ADDRESS/TOWN _____ ZIP CODE _____ (____) _____
PHONE

NAME OF OWNER/MANAGER'S NAME _____

HOME ADDRESS/TOWN _____ ZIP CODE _____ (____) _____
PHONE

Issuance of this license shall not be construed as permission to create or maintain any violations of the sanitary regulations and ordinances of the State of Connecticut and the City of Bridgeport. The undersigned agrees to comply with all such sanitary regulations and ordinances. Must be renewed OCTOBER 1ST annually. Late charge is double fee.

THIS LICENSE IS NOT TRANSFERRABLE.

Please make Bank Check or Money Order to: **Bridgeport Health Department** _____

Applicant's Signature

PLEASE PRINT



City of Bridgeport/Health Department
Environmental Health Division
999 Broad Street
Bridgeport, CT 06604
Phone: 203.576.7474/Fax: 203.576.7793

OFFICE USE ONLY

Date: _____

Fee: **\$100.00** Total: _____ 1-3 days Late Charge: _____

Bank Check : _____ Money Order: _____

Fee per Inspector(s) per day **\$250.00** Date of Event(s): _____

Bank Check: _____ Money Order: _____ Total: _____

Cost for overtime: **\$250.00** _____ Total: _____

Received by: _____

(Must be renewed at least **30 days** in advance of the event. Late charge is double fee. Accepting Money Order and Bank Check Only).

APPLICATION FOR: TEMPORARY VENDOR LICENSE

NAME OF EVENT: _____

ADDRESS OF EVENT/TOWN: _____ (____) _____
ZIP CODE PHONE

PERSON IN CHARGE: _____

HOME ADDRESS OF EVENT/TOWN: _____ (____) _____
ZIP CODE PHONE

DATE OF EVENT (S): _____ (____) _____
CELL PHONE

Issuance of this license shall not be as permission to create or maintain any violation of the sanitary regulations and ordinance of the State of Connecticut and the City of Bridgeport. The undersigned agrees to comply with all such sanitary regulations and ordinances.

THIS LICENSE IS NOT TRANSFERRABLE.

Please make Bank Check or Money Order to: Bridgeport Health Department

Applicant's Signature



City of Bridgeport/Health Department
Environmental Health Division
 999 Broad Street ® Bridgeport, CT 06604
 Phone: (203) 576-7474/Fax: (203) 576-7793

NAME OF EVENT: _____

ADDRESS OF EVENT: _____

PERSON IN CHARGE: _____

PHONE: _____ CELL PHONE: _____

DATES OF FESTIVAL: _____ STARTING DATE/TIME: _____

FEE PAID: Y (YES)/N (NO) LICENSE ISSUED: Y (YES)/N (NO) OTHER: _____

EACH VENDOR IS TO FILL OUT THIS FORM, THEN RETURN TO OFFICE~30 DAYS NOTICE REQUIRED ON EACH FESTIVAL

Number of anticipated Food Booths _____ Expected number of Guests _____ Starting Time _____

ITEM	SOURCE	ITEM	SOURCE
1) _____ / _____	_____	6) _____ / _____	_____
2) _____ / _____	_____	7) _____ / _____	_____
3) _____ / _____	_____	8) _____ / _____	_____
4) _____ / _____	_____	9) _____ / _____	_____
5) _____ / _____	_____	10) _____ / _____	_____

NO STERNOS OR CHARCOAL GRILLS

Date food will be bought: _____

Weight (or volume) of food brought: _____

Where will food be stored until used at event? _____

Will the food be prepped prior to cooking at event? _____

If prepped, where and when will it be prepped? _____

Where will prepped food be stored until cooked at event? _____

No changes/additions in above list items without our knowledge and approval. All menus are pre-approved. List Name/Address/Phone

Numbers of commercial kitchen in which food is to be prepared:

Name _____ Address _____ Phone # _____

Person in charge of kitchen _____

Name _____ Address _____ Phone # _____

Describe method in which food will be transported to site: _____

All foods must be from an approved source. There is to be no home canned goods, no home bottled water. No foods made at home except whole cakes, pies, etc. – type to be approved:

Describe method used to keep cold foods during transportation from kitchen: _____

Describe method used to keep hot foods on site:

Describe method used to keep cold foods on site:

Describe refrigeration to booth:

Backup in case of outage:

Probe thermometers with alcohol swabs for each booth. A log of food handlers must be kept and returned to the Health Department (enclosed). Describe cooking method: _____

Describe hand-washing facilities for each booth:

Describe hair restraints for each booth:

Provide extra utensils, pots or pans as needed:

Describe wastewater disposal:

Describe restroom facilities and hand washing:

Provide plastic bags and garbage cans:

Describe flooring for your booth:

i.e.: wood, removable platforms, skids, non-absorbent matting, asphalt and concrete. Describe overhead covering for your food booth:

Side covering:

Describe lighting for night use:
