



Joseph P. Ganim
Mayor

City of Bridgeport
Department of Health & Social Services
Environmental Health

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Dr. Elizabeth Rivera-Rodriguez, DNP, MPH, MSN, RN
Director of Health & Social Services

Sumit Sharma, MPH, MDiv.
Deputy Director of Health & Social Services

Audrey M. Gaines, BS
Deputy Enforcement Officer

Food, Beverage, Tobacco Application

OFFICE USE ONLY

Insp. # : _____

Date: _____

CLASS I

Fee: \$300 Class I (0-2500 SF)

Fee: \$400 Class I (2501+ SF)

CLASS II

Fee: \$230 Class II (0-50 seat)

Fee: \$290 Class II (51-100 seat)

Fee: \$425 Class II (101+ seat)

CLASS III

Fee: \$230 Class III (0-50 seat)

Fee: \$290 Class III (51-100 seat)

Fee: \$425 Class III (101+ seat)

CLASS IV

Fee: \$230 Class IV (0-50 seat)

Fee: \$290 Class IV (51-100 seat)

Fee: \$425 Class IV (101+ seat)

EXEMPT: _____

RETAIL

Fee: \$150 Tobacco

Fee: \$150 Grocery (0-2500 sqft)

Fee: \$150 Grocery (2500+ sqft)

Late Fees: _____

Total: _____

C/MO#: _____

Received by: _____

(NAME OF ESTABLISHMENT)

(ADDRESS)

(CITY, STATE, ZIP CODE)

(PHONE)

(NAME OF OWNER)

(HOME ADDRESS)

(CITY, STATE, ZIP CODE)

(PHONE)

(EMAIL)

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 conduct business that is compliant with all local, state, and federal mandates, as well as any emergent government orders; be considered responsible for all business operations including the establishment and its staff; perform business as described upon application according to the documents provided to the Bridgeport Health Department; be uninvolved in actions or events that would jeopardize community health. Must be renewed. Class II, Class III & Class IV, and Tobacco licenses must be renewed **JANUARY 1ST annually**. Class I license must be renewed **July 1ST annually**. **Late fees apply.**

THIS LICENSE IS NOT TRANSFERRABLE, NON-REFUNDABLE, AND NOT PRORATED

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

Applicant's Signature: _____ **Date:** _____