



**Joseph P. Ganim**  
Mayor

*City of Bridgeport*  
**Department of Health & Social Services**  
**Environmental Health**

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

[bridgeportct.gov/EnvironmentalHealth](http://bridgeportct.gov/EnvironmentalHealth)

**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 Establishment Procedure**

Bridgeport Health Department – Environmental Health Division requires the following documents for new establishments and change of ownership:

1. Copy of **Application for Certificate of Zoning Compliance – Zoning Department**, City Hall – 45 Lyon Terrace, Room 210. [\(203\) 576-7217](tel:2035767217)
2. Copy of **Building Department Permits** if you are renovating the inside of the business, **Building Department**, City Hall - 45 Lyon Terrace. [\(203\) 576-7225](tel:2035767225)
3. Copy of **Trade Name Certificate – Town Clerk’s Office**, City Hall - 45 Lyon Terrace. [\(203\) 576-7081](tel:2035767081)
4. Copy of **Personal Property Tax Inquiry Form** to make sure there are no taxes owed for the business - **Tax Collector’s Office**, City Hall - 45 Lyon Terrace. [\(203\) 576-7271](tel:2035767271)
5. Copy of the **Lease or Bill of Sale**.
6. **Fire Marshal** approval of existing or new kitchen – **Fire Marshal Office**, City Hall - 45 Lyon Terrace. [\(203\) 576-8013](tel:2035768013)
7. **Floor Plan** of the establishment (showing the location of all equipment). Floor Plan review fee - \$100 to \$300 (depending on Sq. footage).
8. Copy of **Menu/List of Food Products**.
9. Copy of **Food Protection Manager** Certificate by approved testing organization (ServSafe, Prometric, National Registry of Food Safety Professionals/Environmental Health Testing, 360training.com or statefoodsafety.com)
10. Copy of **Connecticut Liquor license**, if serving liquor at the establishment.
11. Copy of **Connecticut licensed exterminator contract**.
12. Copy of **owner’s photo ID**.
13. Food Establishments Only – Need a written **Emergency Preparedness Plan**, in case of a natural disaster, stating how the food within the establishment will be dealt with.

**Note: At the time of the final inspection, the license fee will be due by Cashier’s Check or Money Order Only. The fee of the license will depend on the number of seats and/or square footage in the establishment.**



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**Five (5) Approved Testing Organizations and Tests for**  
**Certified Food Protection Manager**  
**(Formerly known as Qualified Food Operator)**

**1. ServSafe®**

National Restaurant Association (NRA)

Phone: 1800-765-2122

Website: [www.servsafe.com](http://www.servsafe.com)

Exam Name: *ServSafe Food Protection Manager Exam*

Address: 175 West Jackson, Suite 1500 Chicago, IL 60604

**2. National Registry of Food Safety Professionals/Environmental Health Testing**

Phone: 1-800-446-0257

Contact: [Customer.Service@nrfsp.com](mailto:Customer.Service@nrfsp.com)

Website: <https://www.nrfsp.com/manager/>

Exam Name: *Certified Food Safety Manager Exam*

Address: 6751 Forum Drive, Suite 220 Orlando, FL 32821

**3. 360training.com®**

Phone: 1-888-360-8764

Contact: [Enrollment.Advisor@360training.com](mailto:Enrollment.Advisor@360training.com)

Website: [www.360training.com](http://www.360training.com) or <https://www.360training.com/food-beverage-programs/food-manager-certification/connecticut-food-safety-manager-certification>

Exam Name: *Learn2Serve Food Protection Manager Certification Exam*

Address: 6801 N. Capital of Texas Hwy., Suite 150 Austin, TX 78731

**4. AboveTraining, Inc dba StateFoodSafety**

Phone: 1-801-494-1416

Website: [www.statefoodsafety.com](http://www.statefoodsafety.com)

Exam Name: *StateFoodSafety Certified Food Protection Manager Exam*

Address: 711 Timpanogos Pkwy Bldg M, Ste 3100 Orem, UT 84097

**5. The Always Food Safe, LLC**

Phone: 1-612-203-4872

Website: <https://alwaysfoodsafety.com/en/>

Exam name: Food Protection Manager Exam

Address: 899 Montreal Circle, St. Paul, MN 55102

\*Please note: Effective 4/1/22, **Prometric** is no longer offering the Certified Food Protection Manager exam. Those who passed the Prometric exam that was offered prior to this date are still acceptable to meet the regulatory requirement in Connecticut for being a Certified Food Protection Manager.

**CITY OF BRIDGEPORT**  
**PERSONAL PROPERTY TAX INQUIRY FORM**

To be filled out by Tax Collector:

The property located at:

**ID #**

**ADDRESS**

Is the property current on its Personal Property Taxes?

To be filled out by the Tax Collector, room 121, 45 Lyon Terrace

Is / is not  current in its Personal Property taxes or:

- Delinquent Entity:

○ Name: \_\_\_\_\_

○ Address: \_\_\_\_\_

Is a tax exempt entity.

Attached is a zero-balance bill or attached is the outstanding obligation.

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*Veronica Jones*  
Tax Collector  
City of Bridgeport  
45 Lyon Terrace, room 121  
Bridgeport, CT 06604  
Phone: (203) 576-7271  
Fax: (203) 332-5628  
Email: [Veronica.Jones@bridgeportct.gov](mailto:Veronica.Jones@bridgeportct.gov)

Date: \_\_\_\_\_



# BRIDGEPORT FIRE DEPARTMENT Fire Marshal Division

45 LYON TERRACE, ROOM 211, BRIDGEPORT, CT 06604  
Telephone (203) 576-8013



## COMPLIANCE INSPECTION FORM

(Please print and complete pertinent areas only.)

Date: \_\_\_\_\_ Inspection #: (Fire Marshal Only) \_\_\_\_\_

Vendor Cart       Food Establishment       Business       Other: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

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

License Plate: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Compliance Disposition:       **PASS**       **FAIL**

\_\_\_\_\_  
Inspector – Fire Marshall (print)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
Owner/Proprietor (print)

\_\_\_\_\_  
(signature)



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FIRE INSPECTOR – CUT/TEAR AT LINE. RETURN THIS LOWER PORTION

Date: \_\_\_\_\_ Inspection #: (Fire Marshal Only) \_\_\_\_\_

Vendor Cart       Food Establishment       Business       Other: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

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

License Plate: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Compliance Disposition:       **PASS**       **FAIL**

\_\_\_\_\_  
Inspector – Fire Marshall (print)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
Owner/Proprietor (print)

\_\_\_\_\_  
(signature)



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## **Emergency Preparedness Plan**

In the event of a natural disaster, where any physical damage such as fire or flooding takes place, or the disruption of electrical power, natural gas, or other fuel necessary to the normal operation of my establishment occurs, I will immediately cease operations. I will remain closed to the public until such time as I contact the Bridgeport Health Department and receive written permission to resume operations. I will discard all food items know or thought to be unwholesome, adulterated, expired, or otherwise identified as hazardous by the Bridgeport Health Department and follow all additional instructions as necessary.

Name of Establishment: \_\_\_\_\_

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

Owner: \_\_\_\_\_

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

Emergency Phone: \_\_\_\_\_

Emergency Email: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_

Signature: \_\_\_\_\_