



Joseph P. Ganim
Mayor

City of Bridgeport

Department of Health & Social Services Environmental Health

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Director of Health
& Social Services

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Deputy Director of Health
& Social Services

CERTIFICATE OF INSPECTION

NAME OF ESTABLISHMENT: _____

OFFICE USE ONLY	
Insp. #	_____
Date:	_____
Late Charge:	_____
Fee: \$230	Total: _____
Bank Check:	_____
MO:	_____
Received by:	_____

ADDRESS: _____

TOWN & ZIPCODE: _____

PHONE: _____

NAME OF OWNER/MANAGER'S NAME: _____

HOME ADDRESS: _____

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 comply with all such sanitary regulations and ordinances. Must be renewed **OCTOBER 1ST annually. Late charge is an additional \$230 dollar.**

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

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

Applicant's Signature: _____ Date: _____