PERMIT #:____________
FEE:___________

AVON
BARKHAMSTED
CANTON
COLEBROOK
EAST GRANBY
FARMINGTON
GRANBY
HARTLAND
NEW HARTFORD
SIMSBURY

FVHD FARMINGTON VALLEY HEALTH DISTRICT

50 AVON MEADOW LANE PO BOX 529 AVON, CONNECTICUT 06001 TELEPHONE (860) 676-1953 FAX (860) 676-2131

PLEASE TYPE OR PRINT CLEARLY

Business Name______________________________ Local Phone Number____________

Street Address______________________________ Fax #____________________
Town & Zip Code

Mailing Address **(If different):**______________________________ Email Address____________________

1. Name of Owner/Primary contact______________________________ Home Phone____________________

Address for Official Correspondence______________________________

If there is more than one owner, please provide contact information:

Name of Owner #2______________________________ Home Phone____________________

Mailing Address______________________________

2. Qualified Food Operator (QFO) name:______________________________

Designated Alternate name:______________________________

3. Building served by: ☐ Public Sewer
☐ Septic system - Date of last pumping:________________ *(Please enclose copy of last bill)*
☐ Public water
☐ Well – Date of last analysis:________________ *(Please enclose copy of current report)*

Seating Capacity of Establishment:____________________

Hours of Operation: ______________________________Days of Operation____________________

4. I attest that the above information is correct

____

SIGNATURE OF OWNER/MANAGER DATE

FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE

Fee:______________

Date of Inspection:____________________ Score:____________Rating:_______Class: ____________

QFO ______________________________ Testing Org:____________________

Designated Alternate:______________________________Testing Org:____________________

Initial Permit Exp. Date:______________________________ Annual Permit Issue Date:______________

Application reviewed and approved by: ______________________________