PERMIT #:_____
FEE:_____

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

FVHD FARMINGTON VALLEY HEALTH DISTRICT

95 RIVER ROAD SUITE C CANTON, CONNECTICUT 06019-3201 TELEPHONE (860) 352-2333 FAX (860) 352-2542

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

♦ ♦ ♦