PERMIT #:______________
FEE:______________

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

FVHD

FARMINGTON VALLEY HEALTH DISTRICT

50 AVON MEADOW LANE, AVON, CT 06001 Telephone (860) 676-1953 Fax (860) 676-2131 800# 1-800-909-FVHD

PLEASE TYPE OR PRINT CLEARLY

Business Name____ Business Phone______________

Address____Fax #____________________
Town & Zip Code

Mailing Address **(If different):**______________________________Email Address____________________
Town & Zip Code

Name of Owner____
If a corporation, please list name of contact person

Owner's Address____Home Phone________________
Town & Zip Code

Name of Manager, **(If other than owner)**____

Manager's Address_______________________________________Home Phone________________
Town & Zip Code

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 yearly report)*

Qualified Food Operator (s) ____

____

Designated Alternate ____

Seating Capacity of Establishment:____________________ Number of Employees: _________

Hours of Operation: ______________________________Days of Operation____________________

__________________________ _______________________________
DATE SIGNATURE OF OWNER/MANAGER

♦♦

FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE Class:____________________

Date of Inspection:____________________ QFO: ____________Testing Org: ____________________________

Score: ______Designated Alternate:__________________Testing Org:_______________________________

Initial Permit Exp. Date:__________________________ Annual Permit Issue Date:_______________