

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



FARMINGTON VALLEY HEALTH DISTRICT

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

FEE: \_\_\_\_\_

DATE: \_\_\_\_\_

**FOOD SERVICE PLAN REVIEW APPLICATION**

FACILITY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

IS THIS A RENOVATION OR A NEW BUILDING? \_\_\_\_\_

IS THIS BUILDING SERVED BY:

PUBLIC SEWER \_\_\_\_\_ PUBLIC WATER \_\_\_\_\_

SEPTIC SYSTEM \_\_\_\_\_ WELL WATER \_\_\_\_\_

PROPOSED NUMBER OF SEATS \_\_\_\_\_ PROPOSED CLASS \_\_\_\_\_

**List all persons to receive correspondence**

1. OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

*Town & Zip*

PHONE \_\_\_\_\_ FAX# \_\_\_\_\_ Email \_\_\_\_\_

2. APPLICANT IF OTHER THAN OWNER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

*Town & Zip*

PHONE \_\_\_\_\_ FAX# \_\_\_\_\_ Email \_\_\_\_\_

3. ANY OTHERS TO RECEIVE CORRESPONDENCE

NAME \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

TOWN/ZIP \_\_\_\_\_ TOWN/ZIP \_\_\_\_\_