



TOWN OF RIDGEFIELD

Health Department

(203) 431-2745

Application # _____
Licensing Year _____
Date _____
Food Class _____

Food Service License Application

Pursuant to the Code of Ordinances of the Town of Ridgefield and the State Public Health Code, application is hereby made for a license to operate a food establishment in the Town of Ridgefield. By this application, it is hereby agreed that the food establishment will comply with the provisions of these regulations.

Licenses are not transferable.

Application Fee:	\$ 100.00
Reinspection Fee = # of reinspections _____ x \$100.00 =	\$ _____
Total Amount Due	\$ _____

Name of Business: _____
Location of Business: _____
Business Phone: _____ 24 hr. Emergency/Cell Phone: _____
Email Address: _____ Fax No: _____

Type of Business

☐ Restaurant ☐ Bakery ☐ Caterer ☐ Vendor ☐ School ☐ Corp cafeteria ☐ Ice Cream Shop ☐ Snack Bar

If vendor, state vehicle registration/license # _____ State: _____

Owner Name: _____
Home Address: _____ 24 hr. Emergency/Cell Phone: _____
Home Phone: _____ E-mail Address: _____

Check All Applicable Boxes

Water: ☐ Public ☐ Well** ☐ Not Applicable Seating Capacity: _____

Sewage Disposal: ☐ Sewer ☐ Septic system ☐ Not Applicable (i.e. itinerant vendor)

Liquor Served: ☐ yes ☐ no Hours of Operation: _____

Grease Trap: ☐ External ☐ Internal ☐ Not Applicable (i.e. itinerant vendor)

Grease Service Contractor: Renderable _____ Phone: _____

Non-Renderable _____ Phone: _____

Certified Food Mgr Name: _____ QFO/ServSafe Expiration Date: _____

Alternate Food Mgr Name: _____ QFO/ServSafe Expiration Date: _____

Signature of Applicant: _____ Date: _____

****Note: Establishments on private water supply wells must submit a complete water analysis report from a state certified laboratory prior to the issuance of an annual license.**

The Tax Collector's office will approve in ViewPermit if personal property taxes of the business were paid. Therefore, please ensure payment of all taxes prior to applying for the annual permit.