



# Town of Wallingford Health Department

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Director of Health:  
Vanessa Bautista,  
R.S., M.P.H.

## Food Establishment Permit Application

Name of Establishment: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Type of Establishment (Please Check One):  Permanent (Brick & Mortar)  Itinerant (Food Truck or Trailer)

Mailing Address: \_\_\_\_\_

Business Contact  
(Name, Phone #, & E-mail): \_\_\_\_\_

Emergency Contact  
(Name, Phone #, & E-mail): \_\_\_\_\_

Business / LLC Owner  
(Name, Phone #, & E-mail): \_\_\_\_\_

Property Owner  
(Name, Phone #, & E-mail): \_\_\_\_\_

### Classification:

- Class 1 or Itinerant - \$100 (Class 1 examples: Convenience store or market with prepackaged food)
- Class 2 - \$200 (Class 2 examples: Deli, café, convenience store with a menu)
- Class 3 - \$300 (Class 3 examples: Full-service restaurant, diner with cooked and cooled food)
- Class 4 - \$400 (Class 4 examples: Convalescent home, daycare, hospital, or any special processes)
- Non-Profit - \$0 **\*501c3 Confirmation Letter Required\***

### Submit Annually:

- Copy of current menu with appropriate consumer advisory and allergen awareness statements
- Copies of approved Certified Food Safety Manager(s) certificate(s)  
*\*At least one Certified Food Protection Manager must be present during operating hours\**
- (If applicable) Copy of annual well water analysis; results may require treatment or disclosure statement
- (If applicable) Copy of septic system service report, current within past 2 years
- (If applicable) Declaration of Base of Operations for an itinerant establishment

I hereby certify that I am the owner/operator of the subject food service establishment. **I understand that the food establishment permit is not transferable.** I further understand that future renovations or equipment changes must be reviewed and approved by the Health Department in advance. Food establishment permits expire January 31<sup>st</sup> and must be renewed annually.

Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_