



Connecticut River Area Health District  
455 Boston Post Rd. Suite 7, Old Saybrook, CT 06475

Old Saybrook, Clinton, Deep River, Haddam, Chester, Killingworth, Durham

**FOOD SERVICE ESTABLISHMENT LICENSE APPLICATION**

CLASS \_\_\_\_\_

FEE \_\_\_\_\_

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

Establishment Address: \_\_\_\_\_ Town: \_\_\_\_\_

**LICENSES WILL BE MAILED TO THE ADDRESS BELOW**

Owner/Manager Name: \_\_\_\_\_

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

Water Supply: Well \_\_\_\_\_ Public \_\_\_\_\_ Sewage Disposal: Public Sewer \_\_\_\_\_ On-site septic \_\_\_\_\_

**Hours of Operation**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Number of Seats: Indoor Table Seating: \_\_\_\_\_ Outdoor Table Seating: \_\_\_\_\_

Indoor Bar Seating: \_\_\_\_\_ Outdoor Bar Seating: \_\_\_\_\_

**For class 2,3 & 4 please submit certified food protection manager (servsafe) license(s) with the application**

Applicant Name (Print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Option 1: Mail or drop off form with check. (Payable to: CRAHD)

Option 2: Drop of form with cash. (CRAHD Office).

Option 3: Scan and Email form. [crahdoffice@crahd.net](mailto:crahdoffice@crahd.net)

Pay online with credit card. Use payment link or scanning QR code.

<https://www.crahd.info/blank>



**OFFICE USE ONLY**

Date Paid: \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit/Debit \_\_\_\_\_