



Connecticut River Area Health District
455 Boston Post Rd. Suite 7, Old Saybrook, CT 06475
Phone 860-661-3300 Fax 860-661-3333

FOOD SERVICE ESTABLISHMENT LICENSE APPLICATION

CLASSIFICATION \_\_\_\_\_ FEE \_\_\_\_\_

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

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

Establishment Phone #: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Town: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Meals Served: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_ Other \_\_\_\_\_

Hours of Operation:

Table with 7 columns: MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY, SATURDAY, SUNDAY

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

Email: \_\_\_\_\_

(YOUR ANNUAL FOOD SERVICE LICENSE WILL BE EMAILED TO THIS ADDRESS)

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

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

- 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
Pay online with credit card. Use payment link or scan QR code
https://www.crahd.info/blank



OFFICE USE ONLY

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