

# Northeast District Department of Health

69 South Main Street, Unit 4, Brooklyn, CT 06234 Phone: (860) 774-7350 / Fax (860) 774-1308 / www.nddh.org

#### An Important Notice Regarding Your Food Service Permit

To: Food Service Establishment Owners

From: The Northeast District Department of Health

Date: October 15, 2024

Subject: 2025 Food Service Permit Renewal

The Food Service permit issued to your establishment by the Northeast District Department of Health (NDDH) will expire on December 31<sup>st</sup> and must be updated on a yearly basis.

Please return the following to this office by Monday, December 16, 2024:

- A completed **Food Service Application**. You may access the application forms and can make payment online at <a href="https://www.nddh.org/formspermits/">www.nddh.org/formspermits/</a>. If you do not have computer access, you may pick up the forms and pay the application fee at our office at 69 South Main Street, Brooklyn, during regular business hours (Monday-Thursday, 8am 4pm, Fridays, 8am noon).
- Completed Emergency Contact Information Form. Please be sure to provide us with a valid e-mail address, as we will be sending permits electronically.
- The appropriate fee paid online at <a href="https://www.nddh.org/formspermits/pay-online/">https://www.nddh.org/formspermits/pay-online/</a>, brought to our office, or mailed with your application to 69 South Main Street, Unit 4, Brooklyn, CT 06234. The fee schedule, effective 7/1/24, can be found online at:
  - https://www.nddh.org/wp-content/uploads/2024/06/NDDH Service Fees effective 070124.pdf
- Class II, III or IV Establishments-must provide a copy of the Certified Food Protection Manager Certificate
- Complete and return the Emergency Contact Form
- Establishments with public water must provide a copy of the most recent water bill
- Establishments with a private well must provide a copy of the current water analysis report. Note that the water sample must have been retrieved by a CT Certified laboratory.
- Establishments with an on-site septic system must provide a copy (receipt) of the most recent waste removal. Note that the waste removal must be within the past 3 years.
- Establishments with grease traps must provide a copy (receipt) of the most recent maintenance

Upon receipt of all necessary documentation, a permit will be issued for your establishment which will be valid from January 1<sup>st</sup> through December 31, 2025.

All necessary documentation and permit fees must be received by close of business on Monday, December 16, 2024, or the establishment will be charged a late fee of \$90. In addition, a penalty fee of \$12 per NDDH business day with a maximum of \$145 shall be assessed for each business day late from January 1 through January 10, 2025, inclusive.

Annual inspections will be conducted throughout the year. A re-inspection fee of \$120 will be charged for a failed inspection.

If you have any questions, please feel free to contact us.	Permit Checklist
	☐ Application ☐ Water Test/Bill copy
As always, we look forward to working with you.	☐ Emergency Form ☐ On-Site Septic copy
	☐ Permit Fee Payment ☐ Grease Trap Maint. copy
Sincerely, The Northeast District Department of Health	☐ CFPM Certificate copy

#### **Definitions**

- "Catering food service establishment" means a business that is involved in the (A) sale or distribution of food and drink prepared in bulk in one geographic location for retail service in individual portions in another location, or (B) preparation and service of food in a public or private venue that is not under the ownership or control of the operator of such business;
- "Class 1 food establishment" means a food establishment that only offers for retail sale (A) prepackaged food that is not time or temperature controlled for safety, (B) commercially processed food that (i) is time or temperature controlled for safety and heated for hot holding, but (ii) is not permitted to be cooled, or (C) food prepared in the establishment that is not time or temperature controlled for safety;
- "Class 2 food establishment" means a retail food establishment that does not serve a population that is highly susceptible to food-borne illnesses and offers a limited menu of food that is prepared, cooked and served immediately, or that prepares and cooks food that is time or temperature controlled for safety and may require hot or cold holding, but that does not involve cooling;
- "Class 3 food establishment" means a retail food establishment that (A) does not serve a population that is highly susceptible to food-borne illnesses, and (B) has an extensive menu of foods, many of which are time or temperature controlled for safety and require complex preparation, including, but not limited to, handling of raw ingredients, cooking, cooling and reheating for hot holding;
- "Class 4 food establishment" means a retail food establishment that serves a population that is highly susceptible to food-borne illnesses, including, but not limited to, preschool students, hospital patients and nursing home patients or residents, or that conducts specialized food processes, including, but not limited to, smoking, curing or reduced oxygen packaging for the purposes of extending the shelf life of the food;
- "Food establishment" means an operation that (A) stores, prepares, packages, serves, vends directly to the consumer or otherwise provides food for human consumption, including, but not limited to, a restaurant, catering food service establishment, food service establishment, itinerant food vending establishment, market, conveyance used to transport people, institution or food bank, or (B) relinquishes possession of food to a consumer directly, or indirectly through a delivery service, including, but not limited to, home delivery of grocery orders or restaurant takeout orders or a delivery service that is provided by common carriers. "Food establishment" does not include a vending machine, as defined in section 21a-34 of the general statutes, a private residential dwelling in which food is prepared under section 21a-62a of the general statutes or a food manufacturing establishment, as defined in section 21a-151 of the general statutes;
- "Itinerant food vending establishment" means a vehicle-mounted, self-contained, mobile food establishment; All Itinerant food vending establishments are required to have a hand-washing sink with hot and cold running water under pressure, holding tank, and mechanical refrigeration.
- "Pushcarts" are limited to the sale of hot dogs and pre-packaged foods only.
- "Multiple class food service establishment" means any business with departments that are classified as separate food establishments;
- "Noncommercial function" means a function where food is sold or distributed by a person not regularly engaged in the business of selling such food for profit;
- "Permit" means a written document issued by a director of health that authorizes a person to operate a food establishment:
- "Seasonal operation" means a food establishment that operates six months or less at the same geographic location;
- "Temporary food service establishment" means a food establishment that operates for a period of not more than fourteen consecutive days in conjunction with a single event or celebration.



# **Northeast District Department of Health**

## 69 South Main Street, Unit 4 Brooklyn, CT 06234

Phone - (860) 774-7350 / Fax - (860) 774-1308

www.nddh.org

email@nddh.org

Sanitarian Approved Initial:	
Date:	
Emailed:	

#### FOOD SERVICE PERMIT APPLICATION

Establishment	Name:			
City:				State: Zip:
Mailing Ad	dress:			
				State: Zip:
Phone:	Fax:		Billing H	Email:
Owner of Esta	blishment:			
Home Addı	ress:		City:	State: Zip:
Home/Cell	Phone:		Email:	
Manager/Oper	rator:			
Home Addı	ress:		City:	State: Zip:
Home/Cell	Phone:	_ Operatir	ng Hours:	Seating Capacity:
Establishment	Type:			
Restaurant/Foo	d Service*	(	Caterer*	<u></u>
*If caterer, do yo	ou have onsite catering? Yes_	No	Do you ha	ve offsite catering? Yes No
Seasonal	Date Open:	I	Food Store	Bakery
	Date Closed:	(	Campground_	Day Care
Non-profit	(Tax Exempt Required #		School	
Sewage Dispos	sal:	Water S	upply:	
Septic System		Public V	Vater	_
Public Sewer_		Private '	Well	Water Treatment: Yes No (wells only)
Last Date Pumped				Last Date Tested//

**Please Complete Reverse Side of Application** 

Grease D	isposal Units-Past V	Year Cleaning a	nd Maintenanc	e: (Required-Class III a	nd IV)
Date of	Name/Authorized Cl		s of Cleaner	Phone for Cle	
Cleaning					
Certified	Food Protection	Manager: (Req	uired-Class II	II and IV)	
Head CFPI	M Name:				
Type of Ce	ertified Food Protectio	n Manager Certific	cation: (Check 1, 2,	3 or all which apply and provide	e a copy.)
• •	Restaurant Association	_		11 7	10 /
		(Scrvsare).			
2. Prometri (Formerly		or Assessments, Nationa	l Assessment Institute,	Chauncey, and Education Testing S	ervice)
	Registry of Food Safety				,
	ing.com			8	
		FDM alternates?* V	Vac No	If so, how many?	
	CFPM Name:				
*A CFPM alte records.	rnate can be a CFPM, a FAS	Γ-certified employee, or	someone trained by the	head CFPM in safe food handling	w/training
Does your	establishment maintai	n training records?	* YesNo_		
				s' CFPM and FAST certificates	along with
•	ouse and outside food safe		, copies of employee		mien <b>g</b>
	5 <b>6.0 C 4.1.0</b> C <b>4.</b> 0.01 <b>.0</b> 10 C <b>4.</b> 0 <b>4.2</b>	.j ummigei			
Other Pe	ermits:				
Dept. of Co	onsumer Protection	Permi	t #	Expiration Date	
Dept. of A	griculture		t #		
	Commission		t #		
<b>IMPOR</b>	<u>ΓΑΝΤ</u> : If any info	rmation chang	es throughout	the permit year, cont	act the
Northeas	st District Departi	nent of Health	to update our	records.	
Signatur	e:			Date	
Print First	t and Last Name:				
MDDH I	Iso Only	ass: 1 2 3	1	CC E-Check	Cash
	· ·				
	ice Permit Fee:ty/Other Fee:			Date/ Date /	
Late/Felial	ty/Outer Fee.	Keceipi #	CN#	Date /	/



## Northeast District Department of Health

69 South Main Street, Unit 4, Brooklyn, CT 06234 860-774-7350 / Fax 860-774-1308 www.nddh.org

## \*\*\*EMERGENCY CONTACT INFORMATION\*\*\*

Water Interruption • Power Outage • Fire • Flood • Contamination • Natural and Man-made Disasters

There are a number of emergencies that can interrupt your establishment. To protect the public, the Northeast District Department of Health (NDDH) must be able to quickly contact decision-makers for your business/organization to provide appropriate guidance. Check our website for regular updates that impact your establishment at <a href="http://www.nddh.org/services/food/">http://www.nddh.org/services/food/</a>.

NDDH will conduct periodic tests of our Emergency Notification Systems. You may receive messages by phone, text, fax, or email. Please complete the information below, being sure to fill all fields accurately:

Today's Date:						
Business/Org Name:						
Business Address:						
			Zip:			
Emergency Contact Nam	e and Title:					
Cell Phone:		Fax Numbe	er:			
Work Phone:	Home Phone:					
<b>Email Address:</b>						
			er:			
Work Phone:		Home Phone:				
Email Address:						
Is water for your busine	ss establishment/o	organization su	applied by:			
Well	C	ommunity Wat	er System			
Businesses with n	nultiple locations: Ple	ease complete a se	eparate form for each location.			
NDDH USE ONLY:						
Undated - EHS Database:	Excel Data Sheet:	Initial	S: PEVISED I			