



Francis L. "Sam" Crowley, MPH, JD
Director of Health

Ledge Light Health District

943 North Road • Route 117

P.O. Box 909 • Groton, Connecticut 06340-0909

(860) 448-4882 / Fax: 448-4885

2006 FOOD SERVICE LICENSE APPLICATION

FEE: _____

CLASS: I II III IV Seasonal Exempt

Name of Establishment _____ Phone # _____ E-mail _____

Address _____ Fax # _____

Legal/Corporate Owner _____ Phone # _____

Legal Notice Address _____ Site Manager _____

24hr. Emergency Contact # _____

*QFO (class III & IV only) _____

***Enclose copy of QFO Documentation
and alternate QFO Designation**

Designated Alternate QFO _____

Type: Restaurant Total Seating Capacity _____

Bar/Café School

Deli Day Care

Bakery Rest Home

Vendor Church

Other

Water Supply: Public
 Private (date of last test) _____

Sewage Disposal: Public
 Private (last pumped) _____

Provide updated information if changes have been made; equipment, renovations, seating capacity, change of designated QFO, change in classification, etc.

Any **INCOMPLETE** applications received will be returned and will delay your 2005 license, resulting in a late application fine if license is not issued by January 1, 2005.

Prior to a change in ownership or location, a new application for licensure **MUST** be submitted. **LICENSES ARE NOT TRANSFERABLE.**

Any license issued pursuant to this application will be subject to applicable State and Ledge Light Health District food establishment regulations.

INCLUDE WITH YOUR COMPLETED APPLICATION:

Applicable license fee

Copy of MENU (if changed since last year)

Copy of QFO documentation (Class III and IV only)

Copy of Alternate QFO designation sheet

Make checks payable to Ledge Light Health District; P.O. Box 909; Groton, CT 06340

(There is a \$25 charge for all returned checks)

Applicant Signature _____ Date _____

Office Use Only: Check # _____

Health District Signature _____ Date _____

Cash _____ Receipt # _____