

Food Service Establishment Registration Application

New

Renewal

Establishment Name: _____

Establishment Address: _____

Mailing Address (if different): _____

Phone # _____

E-mail Address: _____

Type of Operation: Restaurant Dining Hall Coffee Shop Food Truck
 Caterer Bakery Other

State Licenses (Bakery, Dairy, etc.): _____

Business Days and Hours: _____

Seating Capacity: _____ Number of Employees: _____

Water Supply: Public Water Private Well (a certified water test is required annually)

Sewage Disposal System: Public Sewer Septic System (a pumper's report is required annually)

Grease Trap: Indoor Outdoor None

Name of Owner: _____ Home/Emergency #: _____

Address of Owner: _____

Name of Manager: _____ Home/Emergency #: _____

Address of Manager: _____

Class: 1 2 3 4 **Class 2,3, and 4 food service establishments, complete the following:**

Name of CPFM/PIC.: _____ Emergency Phone #: _____

Approved Test/Course: _____ Date Taken: _____

Name of Alternate: _____ Emergency Phone #: _____

Please submit a copy of the course certificate or waiver with this application

For new applicants: Please submit a copy of your menu with this application

The undersigned agrees to comply with all the University of Connecticut rules and policies and the Connecticut Public Health Code. For due cause, this registration may be suspended by the University of Connecticut, Department of Environmental Health and Safety.

Applicant's Signature Date

Submit to
cheryl.lebeau@uconn.edu