



**Plan review requirements for proposed food establishment to operate within QVHD jurisdiction.**

The following outlines information QVHD must receive and favorably review, prior to approving your proposal for a new, change of owner, or renovated food establishment. The purpose of the review process is to ensure that the new facility is constructed in compliance with all state and local regulations enforced by this office.

Submit the following for review. A sanitarian will be assigned to review your application.

\_\_\_\_\_ **Food Service License Application** (attached)

\_\_\_\_\_ **Plan Review Application** (attached)

\_\_\_\_\_ **Plan Review Application Fee**  
(Class 1 = \$200.00, Class 2 = \$300.00, Class 3 + \$400.00, Class 4 = \$450.00)

\_\_\_\_\_ **Proposed menu** and/or description of the food products you propose to sell

\_\_\_\_\_ **Certified Food Protection Manager Certificate (s)** (class 2, 3 and 4 only, based on menu and operation review)

\_\_\_\_\_ **Floor Plan** The floor plan should be a scale drawing showing the following:

- Date of Plan
- Location of all fixed equipment, e.g., equipment for cooking, food preparation, refrigeration, hot holding, service, carbonation, storage, dish/utensil washing, cleaning, hand sinks, restrooms, hot water heating, ventilation, ventilation hoods, etc.
- Hand washing sinks. Required in all food preparation areas, all food dispensing areas, all ware washing areas and within all toilet rooms
- Food Preparation Sink
- Room Sizes, aisle space, space between and behind equipment
- List of all proposed fixed equipment. Provide manufacturer's name and model number. For freezers and refrigeration units, specify capacity. For ice machines, specify whether water-cooled or air-cooled
- Plumbing and drainage: Include location of floor drains, water supply and drain lines, and backflow prevention where required.
- Specify floor and wall covering materials to be used in all food storage and preparation areas (including walk-in refrigerators and freezers.)
- Location of refuse storage, capacity and frequency of disposal.
- Location of mop sink, mop, broom and cleaning equipment storage.
- Location of employee dressing rooms, locker areas, and rest areas

Contact the following Agencies for applicable requirements:

- Town Planning & Zoning, Fire Marshall, Town Building Department and Town Tax Offices
- For bakery, Pizza or Soft Serve Ice Cream contact Connecticut Department of Consumer Protection at 860-713-6160
- For Liquor Permit contact Connecticut State Liquor Commission at 860-713-6210

### **Sewage Disposal Requirements** **For Proposed Food Service Establishments**

#### **Properties Served by Public Sanitary Sewers**

The Department of Energy and Environmental Protection (DEEP) requires an outdoor in-ground grease trap/interceptor or an indoor Automatic Grease Recovery Unit (AGRU) for any new, remodeled, or change of ownership in a class 2, 3, or 4 food service establishment. Authorized signatures from the applicable Water Pollution Control Authority (WPCA) and building official is required, on the form provided by this Health District, before a Food Service License can be issued.

#### **Properties served by a Subsurface Sewage Disposal System (septic system)**

A complete description (including septic tanks, grease traps, d-boxes, leaching components, etc.) and location of the existing septic system must be provided on a site plan. An assessment of the existing septic system is needed to determine if the system is adequate for the proposed food service establishment. Further site investigation may be required.

### **Requirements for Proposed Food Service Establishments** **Served by a Private Well Water Supply**

A Screening Application for Water Companies must be submitted to the State of Connecticut Department of Public Health, Drinking Water Section, to determine if the proposed food service establishment will result in the creation of a new water company. For additional information, call the Drinking Water Section at (860) 509- 7333.



**FOOD ESTABLISHMENT PLAN REVIEW APPLICATION**

Date:	
<input type="checkbox"/> New <input type="checkbox"/> Renovation <input type="checkbox"/> Change of Owner	
Name of Establishment: _____ Establishment Phone: _____	
Address: _____	Town: _____
Applicant Name: _____	Phone: _____ E Mail: _____ Fax: _____
Applicant Address: _____	
Certified Food Protection Manager Name(s): _____	
Expiration Date of Certificates(s): _____	
Type of water supply: <input type="checkbox"/> Public <input type="checkbox"/> Private well <input type="checkbox"/> Public Water Supply Well Type of Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Sub Surface Sewage Disposal System	
Projected Opening Date: _____	Projected Completion Date: _____
Days & Hours of Operation: _____	

Type of Service: (check all that apply) <input type="checkbox"/> Caterer <input type="checkbox"/> Itinerant Vendor/Seasonal/Temporary <input type="checkbox"/> Other: _____	<input type="checkbox"/> Sit Down Meals <input type="checkbox"/> Take Out <input type="checkbox"/> Store <input type="checkbox"/> Bakery <input type="checkbox"/> Ice Cream
Estimate Number of Daily Meals Served: _____	Breakfast <input type="checkbox"/> yes <input type="checkbox"/> no
Number of Seats: _____	Lunch <input type="checkbox"/> yes <input type="checkbox"/> no
	Dinner <input type="checkbox"/> yes <input type="checkbox"/> no

**COMPLETE AND SUBMIT THIS FORM AND ATTACH:**

- Plan Review Fee (Class 1 = \$200, Class 2 = \$300, Class 3= \$400, Class 4 = \$450)  
 Menu     Floor Plan     Certified Food Protection Manager Certificate(s)

For Office Use:

Plan Review Fee Paid     Menu Received     Class based on menu submitted 1 2 3 4  
 CFPM certificate(s)     WPCA     Public Water Supply Well Registration # \_\_\_\_\_  
 Floor Plan Approved     Date: \_\_\_\_\_  
 Date Opened: \_\_\_\_\_



# QVHD

FOOD ESTABLISHMENT LICENSE  
APPLICATION  
NEW   
RENEWAL   
CHANGE OF OWNER

Quinnipiack Valley Health District

1151 Hartford Turnpike North Haven, CT 06473  
(203) 248-4528 Fax: (203) 248-6671  
www.qvhd.org

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

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

Cell: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_

Name of Permit Holder/Applicant: \_\_\_\_\_ Owner ( ) or Manager ( )

Mailing Address if different than above: \_\_\_\_\_

Phone \_\_\_\_\_

For Class 2, 3 and 4 establishments only: **(include copy of certificate)**

Name of Certified Food Protection Manager : ( print name only ) \_\_\_\_\_

*The Certified Food Protection Manager is the person who has passed a test administrated by a testing organization approved by the Connecticut Department of Public Health such as Serve Safe® and is in a full-time management position in your establishment. Class 2, 3 and 4 licenses will not be renewed without Certified Food Protection Manager information.*

Licensing of food establishments that prepare, sell, or dispense food products is required by of the Regulations of this Health District and the regulations of the State Health Department. Per these regulations the applicable license fee covers one year. This license must be renewed on or before February 1<sup>st</sup> of each year and expires January 31<sup>st</sup> of the following year.

Fee: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Fee Paid: \_\_\_\_\_

ID #: \_\_\_\_\_

License #: \_\_\_\_\_

Class: \_\_\_\_\_

Date: \_\_\_\_\_