



Town of Manchester

41 Center Street · P.O. Box 191
Manchester, CT 06045-0191
www.manchesterct.gov

Dear Prospective Restaurant Owner,

Thank you for your interest in opening a Food Service Establishment in Manchester, CT. Enclosed please find the following information:

1. Application for a Full Service Food License
2. Food Service Establishment Checklist
3. Letter regarding FOG regulations

Contact Marilyn Smith of the Water and Sewer Department at (860) 647-3115 for information on Fat Oil and Grease removal. Class 3 and 4 restaurants must comply with this permit before a Food Service License will be issued.

Not all information pertains to every class of Food Service Establishment. Please contact the Inspector assigned to your facility for clarification of this information package.

Sincerely,

Town of Manchester Health Department





TOWN OF MANCHESTER HEALTH DEPARTMENT

479 Main Street, P.O. Box 191, Manchester, CT 06045-0191
Phone Number: **(860) 647-3173**, Fax Number: **(860) 647-3188**

Application for Full Service Food License

Restaurant Establishment Information

New License License Renewal

*****(Please Print Clearly)*****

Name of Establishment:			
Manager's Name:			
Street Address:			
City, State, Zip Code:			
Phone#:		Cell Phone#:	
Fax#:			
E-Mail Address:		Seating Capacity:	
<i>Please submit latest copy of the Qualified Food Operator/ServSafe certificates to the office.</i>			
Qualified Food Operator:	YES <input type="checkbox"/> NO <input type="checkbox"/>	(Required for Class 2, 3 & 4)	Certificate#:
Name:			Date:
Quality Assurance/Food Safety Representative:			Phone#:
E-Mail Address:			Alternate Phone#:

Restaurant Owner Contact Information

Owner's Name:			
Street Address:			
City, State, Zip Code:			
Phone#:		Fax #:	
E-Mail Address:		Cell Phone#:	

Renovations

Were there any renovations made last year? YES NO Will there be any renovations? YES NO

If **Yes**, please list all renovations that were done/to be done:

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Mailing Address to send Food License Renewal Permit to:

Name of Restaurant/Company:	
Attention:	
Address:	
City, State, Zip Code:	
Phone#:	

Restaurant Menu/List of All Items Served/Sold

Latest Menu Attached? YES NO

NOTE(Must have latest copy on file)**

Please list all menu items in as much detail as possible **or** a copy of a menu attached is applicable.

Additional Information

Please check one only:

State Licenses: **Bakery** **Café** **Liquor Permit** **None**

Water Supply: **Public** **Private Well**

Wastewater Disposal: **Public** **On-Site** **Other** (please use space below to explain)

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that any false statements or other misrepresentations made on this application may result in immediate shutdown or revocation of my Food Service License for the Town of Manchester. **Please submit this complete registration form with a check payable to: *Town of Manchester.*** Food Service License will be issued after the Food Inspector has completed his/her inspection.

Applicant Name (Print):		
Applicant Signature:		Date:

Office Use Only

Inspector Name (Print):	
Inspector Signature:	Date:
Food Class: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Fee:
Food License#:	Expiration Date:
Check#: Cash: <input type="checkbox"/>	Receipt#:
Fee Paid:	Date Received:



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The following checklist is provided as a guide for information needed to obtain a permit to construct (renovate/new facilities), remodel or assume a food service establishment.

FOOD SERVICE ESTABLISHMENT CHECKLIST

- Floor plan showing location of all equipment and facilities.
- Manufacturer specification sheet for each piece of food service equipment. List all food equipment with model numbers.
- Provide hand-washing facilities in all necessary areas.
- Show dry storage area.
- Show area and indicate method of collection for exterior refuse storage.
- Type of floors, walls, and ceilings in food preparation areas (need to be non-absorbent and cleanable).
- Provide a coved base at the floor/wall juncture in the food preparation areas.
- Provide a mop sink. If there is no mop sink, explain how mops will be cleaned and where water will be disposed.
- Provide an area for employees to place personal items (purses, jackets, etc.)
- Provide an area to store toxic items away from food preparation.
- Provide a 3-bay sink and/or dish machine.
- Equipment list to indicate if equipment is fixed in place, on casters, or movable.
- All food service equipment to be mounted a minimum of 6" off floor or on wheels.
- Provide food prep sink. (if applicable)
- Submit documentation for qualified food operator (QFO), if applicable.
- Provide light schedule (new) or ensure lights are shielded.
- Indicate type of commercial dishwasher – hot water versus chemical sanitizer with test strips.
- Provide salad bar details, sneeze guard and reach in distance, if applicable.
- Locate floor drains, if required
- Contact Consumer Protection at (860) 713-6160 if proposed establishment is a bakery or grocery store.
- Indicate type of ice machine – water-cooled versus air-cooled.
- Provide appropriate backflow prevention devices where needed.

