



# CITY OF DANBURY

HEALTH & HUMAN SERVICES DEPARTMENT  
155 DEER HILL AVENUE, DANBURY, CONNECTICUT 06810

Central Health Office  
203 - 797-4625  
Fax 796-1596

Social Services Office  
203 - 797-4569  
Fax 797-4566

**MAY 1, 2015**

## **TO: ALL FOOD SERVICE OPERATORS**

**Food Service Licenses are due for RENEWAL as of JULY 1, 2015.** Licenses are issued for the time period July 1 through June 30. **An APPLICATION for the 2015-2016 fiscal year is enclosed.** ALL information requested on the license application must be provided or the application will not be approved. **All Class III & Class IV establishments must submit documentation for QFO and the Designated Alternate Person in Charge form completed and signed. A **completed** copy of the Demonstrated Knowledge Statement must be submitted for your Designated Alternates. **This must be done every year.** (forms are available on line & in Health Dept.) Copies must also be kept on file and posted at your establishment.**

**FEES are based on your CLASSIFICATION.** Your classification is clearly listed on your previous license. (Your classification remains the same unless an inspector has re-classified.) License fees are listed on the back of the application form.

**LATE FEE OF \$400 will be charged on any application that is received after July 31, 2015 (This is in addition to your application fee)** Any establishment that has not paid for both the Food Service License for 2014-2015 and late fee by the deadline date of **AUGUST 1, 2014**, will not be granted a Food Service License for 2015-2016. These delinquent fees, as well as any outstanding re-inspection fees, and/or delinquent personal property taxes must be paid before a license can be issued. Tax questions and issues are to be directed to the Tax Collector at (203) 797-4541 or in person. (City Hall- 2<sup>nd</sup> FL)

ALL establishments must post the CHOKING SIGN required by CT General Statute 19a-36c. NO SMOKING SIGNS must be posted at all entry doors ( CT General Statute 19a-36c). 2015-2016 FOOD LICENSE, QFO Certificates & Designated Alternate Statement must be on site and available if requested by Health Department.

**Please submit completed 2015-2016 Food Service Application with CORRECT FEE on or before June 30<sup>th</sup>, 2015. CHECK or MONEY ORDER only to be made payable to "CITY OF DANBURY". (NO CASH)**

Sincerely yours,

Daniel Baroody, MPH., RS  
Associate Director

All City Services 311  
Eviction Prevention 797-4565  
Information-Referral 797-4569

Dial 2-1-1 for all  
Connecticut Services!

Emergency Shelter 796-1661  
Em. Shelter Fax 796-1660  
WIC Program 797-4638

CITY OF DANBURY  
 (203) 797-4625 HEALTH & HUMAN SERVICES DEPARTMENT FAX (203) 796-1596  
 155 DEER HILL AVENUE, DANBURY, CT. 06810  
 APPLICATION FOR LICENSE TO OPERATE A FOOD SERVICE ESTABLISHMENT  
 Fiscal Year July 1, 2015 to June 30, 2016

**2015 - 2016** All information must be provided before issuance of license

SEND LICENSE APPLICATION TO: LOCATION \_\_\_\_\_ or OWNER \_\_\_\_\_

1. NAME OF ESTABLISHMENT: X \_\_\_\_\_

2. ADDRESS OF ESTABLISHMENT:  
 X \_\_\_\_\_

3. BUSINESS PHONE: X \_\_\_\_\_ PHONE #: (EMERGENCY) X \_\_\_\_\_ FAX #: X \_\_\_\_\_

4 TYPE:(CIRCLE) [Restaurant] [Bar/cafe] [Cafeteria] [Caterer] [Catering Facility] [Church] [Club] [Day Care] [Health Care] [Market] [Market/w Deli] [Market/Convenience] [Store] [School] [Vending/Truck] [Other] \_\_\_\_\_

5. NAME OF OWNER AND/OR NAME & TITLE OF CHIEF CORPORATE OFFICER:  
 X \_\_\_\_\_  
 (NAME) (TITLE)

6. ADDRESS OF OWNER AND/OR CHIEF CORPORATE OFFICER:  
 X \_\_\_\_\_

7. NAME OF QUALIFIED FOOD OPERATOR: X \_\_\_\_\_  
 (MUST SUBMIT COPY OF CERTIFICATE)

8. NAME OF ALTERNATE  
 : X \_\_\_\_\_  
 (MUST SUBMIT SIGNED DEMONSTRATED KNOWLEDGE STATEMENT)

9. HOURS OPEN: X \_\_\_\_\_ 10. Classification: X \_\_\_\_\_

**FOR FEE SCHEDULE...SEE REVERSE SIDE**

I declare that I will maintain my food service establishment in compliance with the regulations set forth in Section 19-13-B42 of the Connecticut Health Code, and with the Food Service Ordinance of the City of Danbury. I understand that failure to do so may result in suspension of my license to operate.             
 I UNDERSTAND THAT THIS LICENSE WILL EXPIRE ON JUNE 30, 2016

X \_\_\_\_\_ SIGNATURE OF OWNER / MANAGER

THE HEALTH DEPARTMENT MUST BE NOTIFIED OF ANY TRANSFER OR CHANGE OF OWNERSHIP OR BUSINESS CLOSING WITHIN 48 HOURS OF SUCH CHANGE

**(OFFICIAL USE ONLY)**

	Permit #	FEE	\$		Classification
	Receipt #	LATE FEE CHARGE	\$		
	Approval	DATE			

**IMPORTANT**  
**PLEASE NOTE - YOUR CLASSIFICATION IS CLEARLY LISTED ON YOUR**  
**CURRENT LICENSE**

**PLEASE MAKE CHECK PAYABLE TO: CITY OF DANBURY**

Section 8A-6 of the Danbury Code of Ordinance provides for the establishment of an annual **SCHEDULE OF FEES** to be collected to defray the expense of Food Service Establishment Licensing. The schedule of fees is as follows:

1. All types of Food Service Establishments, Section 19-13-B12(S)(A-D) shall pay an annual fee based on **CLASSIFICATION**

<b>CLASS I.....</b>	<b>\$ 150.00</b>
<b>CLASS II.....</b>	<b>\$ 250.00</b>
<b>CLASS III.....</b>	<b>\$ 300.00</b>
<b>CLASS IV.....</b>	<b>\$ 400.00</b>
  
2. **Itinerant Vendors (Truck or Carts)** shall pay an annual fee of **\$ 75.00**.
  
3. Any Food Service Establishment or Itinerant Vendor that fails to renew its license in accordance with the provisions of Section 8A-7 of the Danbury Code of Ordinances on or before **August 1** shall be subject to a **LATE PAYMENT FEE** of **FOUR HUNDRED DOLLARS (\$400.00)**
  
4. The fees established in paragraphs 1 through 3 hereof are intended, in part, to defray the costs associated with routine periodic inspections of Food Service Establishments. All Food Service establishments requiring additional inspections due to the existence of conditions, observed during routine inspection, which require correction and therefore requiring **RE-INSPECTION**, shall pay a fee of **\$250.00 per RE-INSPECTION**.
  
5. **All Plan Review Applications** require pursuant to Sections 8A-2 and 8A-3 of the Danbury Code of Ordinances in connection with a **CHANGE IN OWNERSHIP, CONSTRUCTION, ALTERATION OR REMODELING** of any type of Food Service Establishment shall be submitted to the **PERMIT CENTER with a payment fee of \$350.00**.
  
6. All Food Service Establishments requiring more than one preoperational inspection pursuant to Section 8A-3 of the Danbury Code of Ordinances due to the existence of conditions observed during the first preoperational inspection which require correction and therefore reinspection, shall pay a fee of **\$250.00 for each subsequent reinspection**.
  
7. A License fee of **\$35.00** shall be required of a **NON-PROFIT ENTITY / AGENCY** operating Food Service Establishment. **Proof in the form of a TAX ID VERIFICATION is required upon submission of application**.

**ALTERNATE PERSON IN CHARGE  
DEMONSTRATED KNOWLEDGE STATEMENT**

**ALTERNATE PERSON IN CHARGE  
DEMONSTRATED KNOWLEDGE STATEMENT**

Pursuant to Public Health Code (PHC) Section: 19-13-B42(s)(8)(B) and 19-13-B49(t)(7)(B), the owner or manager of the food service/catering food service establishment shall designate an alternate person who has demonstrated the elements of knowledge and competency listed below, as per PHC Section 19-13-B42(s)(6), 19-13-B49(t)(5), to be in charge at all times when the qualified food operator cannot be present.

The alternate person in charge shall be responsible for ensuring that all employees comply with the regulations and that foods are safely prepared; handling emergencies; admitting the inspector; and receiving and signing the inspection report.

A signed statement must be provided by the owner/operator of the food service or catering food service establishment (as applicable), attesting that the alternate person in charge has demonstrated knowledge of food safety as specified below:

(A) ELEMENTS OF KNOWLEDGE

- (i) IDENTIFY FOODBORNE ILLNESS – DEFINE TERMS ASSOCIATED WITH FOODBORNE ILLNESS; RECOGNIZE THE MAJOR MICROORGANISMS AND TOXINS THAT CAN CONTAMINATE FOOD AND THE PROBLEMS THAT CAN BE ASSOCIATED WITH THE CONTAMINATION; DEFINE AND RECOGNIZE POTENTIALLY HAZARDOUS FOODS; DEFINE AND RECOGNIZE ILLNESS THAT CAN BE ASSOCIATED WITH CHEMICAL AND PHYSICAL CONTAMINATION; DEFINE AND RECOGNIZE THE MAJOR CONTRIBUTING FACTORS FOR FOODBORNE ILLNESS; RECOGNIZE HOW MICROORGANISMS CAUSE FOODBORNE DISEASE.
- (ii) IDENTIFY TIME/TEMPERATURE RELATIONSHIP WITH FOODBORNE ILLNESS-RECOGNIZE THE RELATIONSHIP BETWEEN TIME/TEMPERATURE AND MICROORGANISMS (SURVIVAL, GROWTH, AND TOXIN PRODUCTION); DESCRIBE THE USE OF THERMOMETERS IN MONITORING FOOD TEMPERATURES.
- (iii) DESCRIBE THE RELATIONSHIP BETWEEN PERSONAL HYGIENE AND FOOD SAFETY- RECOGNIZE THE ASSOCIATION BETWEEN HAND CONTACT AND FOODBORNE ILLNESS; RECOGNIZE THE ASSOCIATION BETWEEN PERSONAL HABITS AND BEHAVIORS AND FOODBORNE ILLNESS; RECOGNIZE THE ASSOCIATION BETWEEN HEALTH OF A FOOD HANDLER AND FOODBORNE ILLNESS; RECOGNIZE HOW POLICIES, PROCEDURES AND MANAGEMENT CONTRIBUTE TO IMPROVED FOOD HYGIENE PRACTICES.
- (iv) DESCRIBE METHODS FOR PREVENTING FOOD CONTAMINATION FROM PURCHASING TO SERVING – DEFINE TERMS ASSOCIATED WITH CONTAMINATION; IDENTIFY POTENTIAL HAZARDS PRIOR TO DELIVERY AND DURING DELIVERY; IDENTIFY POTENTIAL HAZARDS AND METHODS TO MINIMIZE OR ELIMINATE HAZARDS AFTER DELIVERY.
- (v) IDENTIFY AND APPLY CORRECT PROCEDURES FOR CLEANING AND SANITIZING EQUIPMENT AND UTENSILS-DEFINE TERMS ASSOCIATED WITH CLEANING AND SANITIZING; APPLY PRINCIPLES OF CLEANING AND SANITIZING; IDENTIFY MATERIALS, EQUIPMENT, DETERGENT, SANITIZER; APPLY APPROPRIATE METHODS OF CLEANING AND SANITIZING; IDENTIFY FREQUENCY OF CLEANING AND SANITIZING.
- (vi) RECOGNIZE PROBLEMS AND POTENTIAL SOLUTIONS ASSOCIATED WITH FACILITY, EQUIPMENT, AND LAYOUT - IDENTIFY FACILITY, DESIGN, AND CONSTRUCTION SUITABLE FOR FOOD SERVICE ESTABLISHMENTS; IDENTIFY EQUIPMENT AND UTENSIL DESIGN AND LOCATION.

**ALTERNATE PERSON IN CHARGE  
DEMONSTRATED KNOWLEDGE STATEMENT**

- (vii) RECOGNIZE PROBLEMS AND POTENTIAL SOLUTIONS ASSOCIATED WITH, TEMPERATURE CONTROL, PREVENTING CROSS CONTAMINATION, HOUSEKEEPING AND MAINTENANCE-IMPLEMENT SELF INSPECTION PROGRAM; IMPLEMENT PEST CONTROL PROGRAM; IMPLEMENT CLEANING SCHEDULES AND PROCEDURES; IMPLEMENT EQUIPMENT AND FACILITY MAINTENANCE PROGRAM.
- (viii) IDENTIFY AND RECOGNIZE THE FOODS MOST COMMONLY ASSOCIATED WITH FOOD ALLERGIES.
- (B) DEMONSTRABLE ELEMENTS OF COMPETENCY
  - (i) ASSESS THE POTENTIAL FOR FOODBORNE ILLNESS IN A FOOD SERVICE ESTABLISHMENT - PERFORM OPERATIONAL FOOD SAFETY ASSESSMENT; RECOGNIZE AND DEVELOP STANDARDS, POLICIES AND PROCEDURES, SELECT AND TRAIN EMPLOYEES; IMPLEMENT SELF AUDIT/INSPECTION PROGRAM; REVISE POLICY AND PROCEDURE (FEEDBACK LOOP); IMPLEMENT CRISIS MANAGEMENT PROGRAM.
  - (ii) ASSESS AND MANAGE THE PROCESS FLOW-IDENTIFY APPROVED SOURCE; IMPLEMENT AND MAINTAIN A RECEIVING PROGRAM; IMPLEMENT AND MAINTAIN STORAGE PROCEDURES; IMPLEMENT AND MAINTAIN PREPARATION PROCEDURES; IMPLEMENT AND MAINTAIN HOLDING/SERVICE/DISPLAY PROCEDURES; IMPLEMENT AND MAINTAIN COOLING AND POST PREPARATION STORAGE PROCEDURES; IMPLEMENT AND MAINTAIN RE-SERVICE PROCEDURES; IMPLEMENT AND MAINTAIN TRANSPORTATION PROCEDURES.



I \_\_\_\_\_ attest that \_\_\_\_\_  
(Print Name of Owner or Operator) (Print Name of Alternate Person in Charge)

is employed as the alternate person in charge and has demonstrated to me the elements of knowledge and demonstrable elements of competency as described in A and B, as listed above.

Signature and Title \_\_\_\_\_ Date \_\_\_\_\_  
(Signed by Owner/Operator of the Establishment)

Signature and Title \_\_\_\_\_ Date \_\_\_\_\_  
(Signed by Alternate Person in Charge)

Name of Establishment \_\_\_\_\_

Address of Establishment \_\_\_\_\_

\_\_\_\_\_