



**DANBURY HEALTH & HUMAN SERVICES**  
155 Deer Hill Avenue  
Danbury, Connecticut 06810  
(203) 797-4625

### **FOOD SERVICE LICENSE APPLICATION**

Attached is the Food Service License Application for the City of Danbury. Food Service Licenses are valid from July 1 through June 30 and must be renewed annually. The fee is based on food service classification or square footage of the establishment. Please review the attached fee schedule on the reverse side of this letter for further information.

**All information requested must be provided or the application will not be approved.** Please use the checklist below to ensure that your license application is processed without delays.

#### **ITEMS TO BE SUBMITTED**

- Completed **2021-2022 Application**
- Copy of the **Food Protection Manager Certificates**
  - **All shift managers must submit a Food Protection Manager Certificate**
  - **Applies to classes II, III & IV ONLY**
- Current **Menu**
- Proof of **Non-profit status**, if applicable
- Copy of most recent **well water quality test results**, if facility is not on city water
  - **All new establishments must submit a well water report from the past 30 days**
- Signed and dated check or money order made payable to: **City of Danbury**

#### **A LATE FEE OF \$400 WILL BE CHARGED ON ANY APPLICATION THAT IS RECEIVED AFTER September 1st, 2021**

**Food service establishments that have outstanding re-inspection fees, late fees or unpaid licenses from previous years, will not be granted a Food Service License for 2021-2022.** These delinquent fees, as well as any delinquent personal property taxes must be paid before a license can be issued. Tax questions are to be directed to the Tax Collector at (203) 797-4541 or in person (City Hall- 2<sup>nd</sup> floor). Questions regarding grease traps or regulations on fats, oils, grease (FOG) discharge, should be directed to Public Utilities (203) 797-4637.

**If you are applying to renew your food service license, please submit completed 2021-2022 Food Service Application with correct fee and all necessary documentation on or before June 30<sup>th</sup>, 2022.**

Sincerely yours,

Kara Marie Prunty, MPA  
Acting Director of Health & Human Services



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**SCHEDULE OF FEES**

<b>License Type</b>	<b>Fee</b>
Class I	\$250.00
Class II	\$450.00
Class III	\$450.00
Class IV	\$450.00
Establishments 3,000 sq. ft. or greater	\$650.00
Establishments 5,000 sq. ft. or greater	\$850.00
Non-profit Establishments	\$50.00
License Late Fee	\$400.00



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## Application for Food Service License 2021-2022 Fiscal Year

Select One:  Renewal  Change of Ownership  New Establishment

Send All Paperwork To:  Establishment  Owner/Chief Officer

Name of Establishment (DBA): \_\_\_\_\_

Legal/Corporate Name (if different): \_\_\_\_\_

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

Business Phone #: \_\_\_\_\_ Owner/Emergency Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Square Footage of Establishment: \_\_\_\_\_

Owner/Chief Officer Name: \_\_\_\_\_

Owner/CO Address: \_\_\_\_\_

Name of Certified Food Protection Manager: \_\_\_\_\_

Name(s) of Alternate Certified Food Protection Manager(s): \_\_\_\_\_

**\*\*\* A copy of unexpired certification for all food protection managers must be submitted with the application\*\***

Water Supply type:  Public Water  Private Well

**\*\*\*If on private well, attach most recent quarterly water quality test results\*\*\***

Sewage Disposal type:  Public Sewer  Private Septic System

Grease Trap:

None  AGR Unit  Outdoor in-ground  Rendering Container

Select Establishment License Category:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Restaurant       | <input type="checkbox"/> School            | <input type="checkbox"/> Cafeteria                        |
| <input type="checkbox"/> Supermarket      | <input type="checkbox"/> Bakery            | <input type="checkbox"/> Religious Organization           |
| <input type="checkbox"/> Bar/Café         | <input type="checkbox"/> Catering Facility | <input type="checkbox"/> Convenience                      |
| <input type="checkbox"/> Deli             | <input type="checkbox"/> Day care          | <input type="checkbox"/> Health Care/Residential Facility |
| <input type="checkbox"/> Kiosk            | <input type="checkbox"/> Club              | <input type="checkbox"/> Store                            |
| <input type="checkbox"/> Concession Stand | <input type="checkbox"/> Other: _____      |   |

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**Indicate Any Special Processes Undertaken in Facility:**

- |  |   |
|--|---|
| <input type="checkbox"/> Acidification of Sushi Rice                               | <input type="checkbox"/> Fermentation of Sausages           |
| <input type="checkbox"/> Smoking Meats/Chicken/Fish                                | <input type="checkbox"/> Processing/Packaging Fresh Juice   |
| <input type="checkbox"/> Drying  | <input type="checkbox"/> Live Shellfish Tanks               |
| <input type="checkbox"/> Reduced Oxygen Packaging/Vacuum Sealing (Incl. Sous Vide) | <input type="checkbox"/> Food Additives to Make Self-Stable |
| <input type="checkbox"/> Sprout Seeds In-House                                     | <input type="checkbox"/> Curing (Salting, Brining, etc.)    |
| <input type="checkbox"/> None  |   |

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**License fee based on establishment classification:**

**Fee only applies to establishments under 3,000 sq. ft.**

- Class 1:** \$250.00     **Class 2:** \$450.00     **Class 3:** \$450.00     **Class 4:** \$450.00

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**License fee based on establishment square footage:**

- Establishments 3,000 sq. ft. or greater:** \$650.00
- Establishments 5,000 sq. ft. or greater:** \$850.00
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- Non-profit Organization/Establishment:** \$50.00

**\*\*\*Proof of non-profit status must be submitted with all applications applying for reduced fee\*\*\***

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**Note: Annual renewal applications submitted after September 1<sup>st</sup> of the fiscal year following the expiration of the most recently-issued license will be subject to a Late Payment Fee of \$400.00.**

I declare that I will maintain my food service establishment in compliance with the regulations set forth by the State of Connecticut and 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, 2022.

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

**THE HEALTH DEPARTMENT MUST BE NOTIFIED OF ANY TRANSFER OR CHANGE OF OWNERSHIP OR BUSINESS CLOSING WITHIN TWO (2) BUSINESS DAYS OF SUCH CHANGE.**

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**OFFICIAL USE ONLY**

<b>PERMIT #:</b>		<b>FEE:</b>	\$	<b>CLASSIFICATION</b>
<b>RECEIPT #:</b>		<b>LATE FEE:</b>	\$	
<b>APPROVAL:</b>		<b>DATE:</b>		

Revised: 5/11/2021

**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.

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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: \_\_\_\_\_