

Application for Food and Beverage License

Application ☐ License Renewal
Type ☐ Operational Change/New Business/Remodel

Projected Opening Date

Food Establishment Information

Type of Establishment	<input type="text"/>	Status	<input type="radio"/> Open	<input type="radio"/> Closed	<input type="radio"/> Pre-Op
Name of Establishment:	<input type="text"/>				
Establishment #	<input type="text"/>				
Location	<input type="text"/>	Town	<input type="text"/>		
Mailing Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
Establishment Phone	<input type="text"/>	Fax	<input type="text"/>	Email	<input type="text"/>

Owner Information

Owner of Establishment	<input type="text"/>				
Address	<input type="text"/>				
Town	<input type="text"/>	St	<input type="text"/>	Zip Code	<input type="text"/>
Phone	<input type="text"/>				

Certified Food Protection Manager Information (CFPM)

Certified Food Protection Manager ☐ Yes ☐ No ☐ N/A

CFPM	<input type="text"/>				
Address	<input type="text"/>				
Town	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Phone	<input type="text"/>	manager email	<input type="text"/>		
Designated Alternate	<input type="text"/>				

Food Operation Information

Days of Operation	Hours of Operation	Water Supply	Sewage Disposal	Grease Trap
<input type="checkbox"/> Sun	<input type="text"/>	<input type="radio"/> Private Well	<input type="radio"/> Septic System	<input type="radio"/> None
<input type="checkbox"/> Mon	<input type="text"/>	<input type="radio"/> Public Water	<input type="radio"/> Public Sewer	<input type="radio"/> AGR Unit
<input type="checkbox"/> Tues	<input type="text"/>	<input type="radio"/> NTNC	Water Meter <input type="radio"/> Yes	<input type="radio"/> Rendering Container
<input type="checkbox"/> Wed	<input type="text"/>	<input type="radio"/> TNC	<input type="radio"/> No	<input type="radio"/> Outdoor In-ground
<input type="checkbox"/> Thurs	<input type="text"/>		Water Analysis <input type="radio"/> No <input type="radio"/> N/A	
<input type="checkbox"/> Fri	<input type="text"/>		Up-to-date <input type="radio"/> Yes	
<input type="checkbox"/> Sat	<input type="text"/>			
Restaurant Risk Category <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4				

Signature _____

Date _____

Print Name _____ Title _____

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Risk Categories

Risk Category 1: Establishments that serve or sell **only pre-packaged**, non-time/temperature control for safety (TCS) foods. Establishments that heat only commercially processed TCS foods for hot holding. NO COOLING of TCS foods. Most convenience store operations, hot dog carts and coffee shops.

Risk Category 2: Retail food store operations, schools not serving a highly susceptible population, and quick service operations. Limited menu. Most products are **prepared/cooked and served immediately**. May involve hot and cold holding of TCS foods after preparation or cooking. **NO COOLING**

Risk Category 3: A full service restaurant with extensive menu and **handling of raw ingredients**. Complex preparation including cooking, **cooling**, and reheating for hot holding involves many TCS foods. Variety of processes require hot and cold holding of TCS food.

Risk Category 4: Preschools, hospitals, nursing homes, and establishments conducting processing at retail. Establishments serving a highly susceptible population or that conduct specialized processes, e.g. smoking and curing; reduced oxygen packaging forextended shelf life.

For Office Use Only

Establishment #	<input type="text"/>	License Fee	<input type="text"/>	Fee Paid	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> N/A
				Date fee paid	<input type="text"/>		
Next Inspection Date	<input type="text"/>	Plan Review Fee Paid	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> N/A		