



University of Connecticut  
Department of Environmental Health & Safety

New:      Renewal:

**Food Service Establishment Registration Application**

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

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

Mailing Address (if different): \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

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

Type of Food Operation:

- Restaurant                       Dining Hall                       Coffee Shop                       Mobile Vendor  
 Caterer                               Bakery                               Other (specify) \_\_\_\_\_

State Licenses (Bakery, Café, Liquor, etc.): \_\_\_\_\_

Permittee: \_\_\_\_\_

Business Days and Hours: \_\_\_\_\_

Seating Capacity: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Water Supply:                       Public Water                       Private Well (a certified water test is required annually)

Sewage Disposal System:                       Public Sewer                       Septic System (a pumper's report is required annually)

Grease Trap:                       Indoor                       Outdoor                       None

**PLEASE COMPLETE BOTH PAGES OF THIS APPLICATION**

Name of Owner: \_\_\_\_\_ Home/Emergency #: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Name of Manager: \_\_\_\_\_ Home/Emergency #: \_\_\_\_\_

Address of Manager: \_\_\_\_\_

Class:         I         II         III         IV

**Class III and Class IV food service establishments, complete the following:**

Name of Q.F.O.: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Name of Alternate Q.F.O.: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Approved Test/Course: \_\_\_\_\_ Date Taken: \_\_\_\_\_

Waiver: \_\_\_\_\_ Date Granted: \_\_\_\_\_

You must also submit a copy of the course certificate or waiver with this application

**For new applicants: Please submit a copy of your menu with this application**

The undersigned agrees to comply with all the University of Connecticut rules and policies and the Connecticut Public Health Code. For due cause, this registration may be suspended by the University of Connecticut, Department of Environmental Health and Safety.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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For office use only

Date Payment Received \_\_\_\_\_ Check # \_\_\_\_\_

Date Registration Sent \_\_\_\_\_ Registration Number \_\_\_\_\_