



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 2020-2021 Application
- Copy of 2 Certified 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**
 - Establishments over 3,000 sq/ft have a different license fee. See fee schedule attached.

In order to assist establishments during these times, the \$400 late fee will not be charged until September 1, 2020.

Food service establishments that have outstanding re-inspection fees, late fees or unpaid license fees from previous years, will not be granted a Food Service License for 2020-2021. 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- 2nd 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 2020-2021 Food Service Application with correct fee and all necessary documentation on or before June 30th, 2020. Applications can be mailed to:

City of Danbury Health and Human Services Department
155 Deer Hill Ave
Danbury, CT 06801

Sincerely yours,

Tiziana Covacci
Associate Director of Environmental Health



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

SCHEDULE OF FEES

License Type	Fee
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



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

Application for Food Service License 2020-2021 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 Second Certified Food Protection Manager [Required for Class II, III, IV]: _____

***** 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: _____ | |

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 | |

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

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
 Non-profit Organization/Establishment: \$50.00

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

Note: Annual renewal applications submitted after August 1st 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, 2020.

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.

OFFICIAL USE ONLY

PERMIT #:		FEE:	\$	CLASSIFICATION
RECEIPT #:		LATE FEE:	\$	
APPROVAL:		DATE:		

Revised: 4/1/2020

**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: _____
