

Town of New Fairfield  
Health Department

4 Brush Hill Road  
New Fairfield, CT 06812  
Phone (203) 312-5640  
Fax (203) 312-5608

|                  |
|------------------|
| License #: _____ |
| Reviewed: _____  |
| Date: _____      |

**Licensing Fees**

|           |       |
|-----------|-------|
| Class I   | \$100 |
| Class II  | \$150 |
| Class III | \$200 |
| Class IV  | \$250 |

No fee for Schools, Churches,  
or Fire Departments.

**Food Service License Application**

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

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

\_\_\_\_\_  
Establishment Phone #

\_\_\_\_\_  
Establishment Fax #

\_\_\_\_\_  
Preferred Mailing Address

\_\_\_\_\_  
Owner's Name

\_\_\_\_\_  
Owner's Home Phone

\_\_\_\_\_  
Owner's Home Address

\_\_\_\_\_  
Owner's Cell Phone #

\_\_\_\_\_  
Owner's e-mail address

**\*The Health Department must be notified of any transfer or change of ownership,  
or any closing of business at least 2 business days prior to such event.**

Qualified Food Operator \_\_\_\_\_

Alternate QFO \_\_\_\_\_

Water Test Date \_\_\_\_\_ (include a copy of water test result with this application)

Is liquor served?      Yes      No

Approximate # of persons served daily? \_\_\_\_\_

***Mail application, water tests, and check payable to: Town of New Fairfield***

\_\_\_\_\_  
Signature of Owner/Manager

\_\_\_\_\_  
Date

|                                                          |  |
|----------------------------------------------------------|--|
| <b>Approval: Timothy R. Simpkins, Director of Health</b> |  |
|----------------------------------------------------------|--|