



NAUGATUCK VALLEY HEALTH DISTRICT
98 Bank Street
Seymour, CT 06483
Tel: (203) 881-3255
Fax: (203) 881-3259

FOOD SERVICE ESTABLISHMENT PLAN REVIEW FEE FORM

THIS FORM MUST BE COMPLETED AND THE PLAN REVIEW FEE PAID PRIOR TO PLAN REVIEW

Food Service Name: _____
(Please Print)

Address of Establishment: _____

Owner: _____

Home Address: _____

Telephone (Home): _____

(Work Number): _____

(Cell Number): _____

Prior Name of Establishment (If Applicable): _____

New Owner's Signature: _____

FOR OFFICE USE ONLY

Date Fee Paid: _____ Check Amount: _____ Cash Amount: _____

Receipt #: _____