



**NAUGATUCK VALLEY HEALTH DISTRICT
98 BANK STREET
SEYMOUR, CT 06483
203-881-3255
SEASONAL FOOD SERVICE APPLICATION
Fee \$100.00**

Organization/Applicant: _____

Contact Person: _____

Address: _____

Phone: (Day) _____ (Evening) _____

Location of Operation: _____

Dates of Operation (may not exceed 90 calendar days): _____

List all foods to be served:

ALL FOODS MUST BE PREPARED IN THE LICENSED FACILITY. NO HOME COOKED FOODS OR FOODS PREPARED IN AN UNAPPROVED FACILITY ARE PERMITTED.

BY MAKING APPLICATION I AGREE TO ALLOW ACCESS TO MY ESTABLISHMENT BY NVHD PERSONNEL FOR INSPECTION PURPOSES

LICENSE IS NOT TRANSFERABLE BETWEEN PERSONS OR PLACES

LICENSE FEES ARE NON-REFUNDABLE

Applicant Signature: _____ Date: _____

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For office use only

Application Date: _____ Fee Paid: _____ Receipt No.: _____