



**NAUGATUCK VALLEY HEALTH DISTRICT  
98 BANK STREET  
SEYMOUR, CT 06483  
203-881-3255  
SEASONAL FOOD SERVICE APPLICATION  
Fee \$110.00**

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: \_\_\_\_\_

=====

**For office use only**

Application Date: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Receipt No.: \_\_\_\_\_