



University of Connecticut  
Division of Business and Administration  
Department of Environmental Health & Safety

**Food Service Establishment Registration Application**

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

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

Mailing Address (if different) \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Type of Food Operation

Restaurant                      Dining Hall                      Coffee Shop                      Mobile Vendor  
Caterer                              Bakery                              Other (specify) \_\_\_\_\_

Permittee \_\_\_\_\_

State Licenses (Bakery, Café, Liquor, etc.) \_\_\_\_\_

Business Days and Hours \_\_\_\_\_

Seating Capacity \_\_\_\_\_

Number of Non-Smoking Seats \_\_\_\_\_

Number of Employees \_\_\_\_\_

Water Supply:                      Public Water                      Private Well (a certified water test is required annually)

Sewage Disposal System :                      Public Sewer                      Septic System (a pumpers report is required annually)

Grease Trap:                      Indoor                      Outdoor                      None

**PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION**

Serving all University of Connecticut locations  
Avery Point, Hartford, School of Law, Stamford, Storrs, Torrington, and Waterbury  
Department of Environmental Health and Safety, 3102 Horsebarn Hill Rd. U-97, Storrs, CT 06269-4097  
Phone: (860) 486-3613 Fax: (860) 486-1106 Web: <http://www.ehs.uconn.edu/>

Corporation Officers \_\_\_\_\_

Name of Owner \_\_\_\_\_ Home/Emergency # \_\_\_\_\_

Address of Owner \_\_\_\_\_

Name of Manager \_\_\_\_\_ Home/Emergency # \_\_\_\_\_

Address of Manager \_\_\_\_\_

Class:            I            II            III            IV

**Class III and Class IV food service establishments, complete the following:**

Name of Q.F.O. \_\_\_\_\_ Home Phone # \_\_\_\_\_

Name of Alternate Q.F.O. \_\_\_\_\_ Home Phone # \_\_\_\_\_

Approved Test/Course \_\_\_\_\_ Date Taken \_\_\_\_\_

Waiver \_\_\_\_\_ Date Granted \_\_\_\_\_

You must also submit a copy of the course certificate or waiver with this application

**For all applicants: Please submit a sample menu with this application**

The undersigned agrees to comply with all the University of Connecticut rules and regulations and the Connecticut Public Health Code. For due cause, this registration may be suspended by the University of Connecticut, Department of Environmental Health and Safety.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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For office use only

Date Payment Received \_\_\_\_\_ Check # \_\_\_\_\_

Date Registration Sent \_\_\_\_\_ Registration Number \_\_\_\_\_

S:biosaf/food/food service app