

FOOD SERVICE PERMIT APPLICATION



New

Renewal

Establishment Information:

Name of Establishment: _____
Address: _____
Phone Number: _____

Applicant Information (licensee):

Name of Applicant: _____
Address: _____
Cell Number: _____
Email: _____

Facility Manager (person directly responsible for daily operations):

Name of Facility Manager: _____
Cell Number: _____
Email: _____

After Hours Emergency Contact:

Name: _____
Cell Number: _____

Facility Ownership:

MPTN/MPGE Corporation LLC Partnership
 Individual Other Legal Entity (specify) _____

Facility Type of Food Service:

Restaurant (diner, cafeteria, etc.) Take-Out Caterer
 Kitchen Facilities Bar Deli
 Itinerant vendor/seasonal/temporary Bakery Retail Store
 Prepackaged Food Only Ice Cream
 Other "_____"(specify) _____

Name of Establishment: _____

Type of Operation:

- Prepares, offers for sale, or serves food that requires Time and Temperature Control for Safety (TCS):
 - 1) only to order upon a consumer’s request, or
 - 2) in advance in quantities based on projected consumer demand and discards food that is not sold or served at an approved frequency, or
 - 3) using Time as a Public Health Control
- Prepares TCS food in advance using a food preparation method that involves two or more steps which may include cooking, cooling, reheating, hot or cold holding, freezing or thawing
- Prepares food for delivery to and consumption at a location off the premises of the food establishment where it is prepared
- Prepares food for service to a highly susceptible population (such as day care, nursing home)
- Prepares or offers for sale only non TCS food

Certified Food Protection Managers (not required if you are only offering non TCS food):

List names and provide copies of certifications. Certifications must be current within the last five years.

Name of Certified Food Protection Manager: _____

Name of Certified Food Protection Manager: _____

Name of Certified Food Protection Manager: _____

Name of Certified Food Protection Manager: _____

Name of Certified Food Protection Manager: _____

I hereby certify that the information provided in this application is correct and acknowledge that I have an affirmative duty to inform the Food Safety & Sanitation Office of any change to this information after this application is signed.

By signing this application, I agree to comply with the Mashantucket Pequot Food Code.

Applicant Signature: _____

Date: _____

Complete and send this application to Maryam Hosseini via fax (860-312-3530) or email (MHosseini@mptn-nsn.gov).

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For Office Use Only

Date Received: _____ Date Inspected: _____ Approved By: _____ Permit Number: _____