

# 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 Legal Entity (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
- Offers for sale ONLY prepackaged Time/Temperature Control for Safety (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](mailto:MHosseini@mptn-nsn.gov)).

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For Office Use Only

Date \_\_\_\_\_ Date \_\_\_\_\_ Approved \_\_\_\_\_ Permit \_\_\_\_\_  
 Received: \_\_\_\_\_ Inspected: \_\_\_\_\_ By: \_\_\_\_\_ Number: \_\_\_\_\_