

TOWN OF DURHAM

Department of Health
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www.townofdurhamct.org

APPLICATION FOR FOOD OR BEVERAGE DISPENSING ESTABLISHMENT REGISTRATION

**Name of Food Service
Establishment:** _____

Location: _____

Telephone at site: _____

Fax at site: _____

E-mail: _____

Web address: _____

**Owner of Food Service
Establishment:** _____

Address: _____

E-mail: _____

**Names of "Qualified
Food Operators":** _____

Address of "Qualified
Food Operator": _____

Telephone/cell phone: _____

Type of Business: _____

If Food Store, provide square footage (interior dimensions): _____

If Restaurant, provide seating capacity: _____

Class of Establishment (circle one): I II III IV

Signature of Owner/Operator: _____ Date: _____

Registration Fee: class I = \$100, class II = \$125, class III = \$175, class IV = \$ 200,
Itinerant Vendor = \$50

Received Payment: _____