



Trumbull Health Department
335 White Plains Road, Trumbull, CT 06611
Phone (203) 452-1030 Fax 203-452-1050

APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE FOR THE YEAR
ESTABLISHMENT INFORMATION

Name: _____

Address: _____ City, State, Zip: _____ Phone: _____

Establishment. Type: _____ License Type: _____ Capacity: _____

OWNER INFORMATION

Name: _____

Address: _____ City, State, Zip: _____ Phone: _____

BUILDING OWNER INFORMATION

Name: _____

Address: _____ City, State, Zip: _____ Phone: _____

FEE: _____

Submitted By: _____ Owner _____ Manager

Signature: _____

NOTES: _____

- The Trumbull Health Department must be notified prior to any change of ownership or any change of business (including renovations).
- Licenses are not transferrable between persons or locations.
- License must be renewed on or before January 31st each year
- Mail application with check for annual fee to the address at the top of this form.

PLEASE MAKE CHECK PAYABLE TO: The Town of Trumbull Health Department

FOR OFFICE USE ONLY:

RECEIVED BY: _____

DATE: _____

CHECK NUMBER: _____

RECEIPT NUMBER: _____