



Connecticut River Area Health District
455 Boston Post Rd. Suite 7, Old Saybrook, CT 06475

Old Saybrook, Clinton, Deep River, Haddam, Chester, Killingworth, Durham

FOOD SERVICE ESTABLISHMENT LICENSE APPLICATION

CLASS _____

FEE _____

Name of Establishment: _____ Phone: _____

Establishment Address: _____

LICENSES WILL BE MAILED TO THE ESTABLISHMENT ADDRESS

Owner/Manager Name: _____ Cell Phone #: _____

Email: _____

Water Supply: Well _____ Public _____ Sewage Disposal: Public Sewer _____ On-site septic _____

Meals Served: Breakfast _____ Lunch _____ Dinner _____ Other _____

Hours of Operation

Table with 7 columns: MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY, SATURDAY, SUNDAY

Number of Seats: Indoor Table Seating: _____ Outdoor Table Seating: _____

Indoor Bar Seating: _____ Outdoor Bar Seating: _____

Applicant Name (Print): _____

Applicant's Signature: _____ Date: _____

Option 1: Mail or drop off form with check. (Payable to: CRAHD)

Option 2: Drop of form with cash. (CRAHD Office).

Option 3: Scan and Email form. crahdoffice@crahd.net

Pay online with credit card. Use payment link or scanning QR code.

https://www.crahd.info/blank



OFFICE USE ONLY

Date Paid: _____ Check _____ Cash _____ Credit/Debit _____