



TOWN OF MONROE

HEALTH DEPARTMENT

7 Fan Hill Road
Monroe, CT 06468
Phone: 203-452-2818
Fax: 866-256-7016

www.monroect.gov/health

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Director of Health
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FOOD SERVICE PLAN REVIEW

Application Requirements & Guidelines

The Monroe Health Department is concerned about your time and expense in building or remodeling a food service establishment. We would like to make the plan review process as quick and trouble free as possible. To help assure a timely review process, please read and follow the Plan Review Guidelines attached. Failure to submit complete and required information will cost you time and may result in additional fees and delays.

This application is your checklist of everything you will need to submit to us to insure a timely approval.

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Office Use Only

Plan Review Paid: _____ Received by: _____ Check # or Cash: _____
Receipt # _____ Application Reviewed by: _____

FOOD SERVICE FEE SCHEDULE 2024

FOOD SERVICE

Class I	\$ 120.00	
Class II	250.00	seating 0-49
	330.00	seating 50 or more
Class III	330.00	seating 0-49
	385.00	seating 50 or more
Class IV	250.00	
Caterer	150.00	
Itinerant	150.00	per vehicle, full year
Itinerant	60.00	per vehicle, one week
Seasonal	100.00	
Liquor Control Permit	50.00	
Plan Review	(Same fee as license: by size and class)	
Reinspection Fee	100.00	
Reinstatement Fee	100.00	
(after suspension of license)		
License Renewal Late Fee	75.00	
Temporary (14 days or less)	65 .00	per booth or trailer per event

TEMPORARY EVENT LATE FEES

\$20.00 late fee will apply if not submitted 14 days prior to event for non-profit

\$50.00 late fee will apply if not submitted 14 days prior to event for commercial vendors

Those facilities already licensed must still obtain a temporary food service license for offsite temporary events and the corresponding fees may apply.

Farmers Market

- Selling whole produce only No Fee
- Individually wrapped, prepackaged items (no tasting/sampling) 50.00 per season
- All other food vendors 100.00 per season

Monroe Health Department

Yes No NA

Please fill out and submit with this application

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|----------------------|
| 1. Q.F.O. Certificates for all Q.F.O. staff. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Licensing Year _____ |
| 2. Designated Alternate/Training Records if necessary. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Date _____ |
| 3. A current copy of your menu with advisory and disclosure. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. A complete equipment list and floor plan. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Tax Collectors Approval. (*see below) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Name of Applicant _____
 Name of Business _____
 Location of Business (Street #) _____ (Street) _____ Town _____
 Business Phone (1) _____ Phone (2) _____ Emergency Phone: (1) _____
 24 Hr. Emergency Contact Name (**REQUIRED**) _____ Phone: (2) _____

TYPE OF BUSINESS: **Check all that apply:** Restaurant Market/Grocery Store Deli/Convenience Store
 Caterer Vendor Corporate Cafeteria School/Day Care Health Care Institution House of Worship
 Other

Owner or Operator _____

If partnership or more than one owner, please complete page 3 of this application with a list of names, titles, home addresses and phone numbers and their signatures.

Home Address (No PO Boxes) _____
 Home Phone _____
 Qualified Food Operator _____ Cert. # _____
 Alternate Qualified Food Operator _____ Cert. # _____

Check All Applicable Boxes

- Water :** public well not applicable
 If on well, water registration with the State of Connecticut, Public Health Dept, Drinking Water Division is required.
- Sewage Disposal:** sewer septic system
- Grease Trap:** internal external heat assisted not applicable
- Floor Drains:** yes no
- Liquor Served:** yes NO (if yes, please submit a copy of liquor license.)

SEATING CAPACITY: _____

Hours of operation: Mon _____ Tues _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____
 Example: Mon: 11-9 Tues 11-9 Wed 11-9 Thur 11-9 Fri 11-10 Sat 11-10 Sun Closed

Signature of Licensee _____ Date _____

Note: Establishments on private water supply wells must submit a complete water analysis report from a State certified laboratory prior to the issuance of an annual license.

Food establishments on well water shall register with the State of Connecticut, Public Health Department, Drinking Water Division. (Forms provided in this packet.)

Prior to submitting this application to the Health Department, it must be approved by the office of the Tax Collector. APPLICATIONS RECEIVED WITHOUT THIS APPROVAL WILL NOT BE PROCESSED.

*Approved : _____ Tax Collector Date: _____

The following information is required ONLY when a partnership or Corporation owns the business. Please complete the necessary information for each partner.

Name of Business: _____

Business Partners: _____

Name (emergency person – 24 hr. availability) _____

Home Address (No PO Boxes) _____

Home Phone _____

Signature of License _____ Date _____

Name _____

Home Address (No PO Boxes) _____

Home Phone _____

Signature of License _____ Date _____

Name (emergency person – 24 hr. availability) _____

Home Address (No PO Boxes) _____

Home Phone _____

Signature of License _____ Date _____

Name (emergency person – 24 hr. availability) _____

Home Address (No PO Boxes) _____

Home Phone _____

Signature of License _____ Date _____

Monroe Health Department

STATEMENT: I hereby certify that the information included in this package is correct, and I fully understand that any deviation from it without prior permission from the Monroe Health Department may nullify this approval.

Signature(s):

Owner(s) or authorized representative(s)

Date: _____

Approval of these plans and specifications by the Monroe Health Department does not indicate compliance with any other code, law or regulation that may be required – federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing food service establishments.

Please Fill Out All Sections Of The Application Completely.

If a section does not pertain to your particular establishment, please indicate with “N/A” along with a brief explanation. Please do not leave pages or sections blank.

Examples:

Page 5 Application for Installation of a Commercial Kitchen Ventilation Hood
• N/A - no hood required, no open stove/fryolator cooking will be done.

Page 6 Liquor Permit
• N/A – no liquor will be served.

Page 12 Thawing
• N/A – no frozen products will be used.

Please Note: Failure to complete all sections of the Food Service Plan Review Packet will delay the processing of your Food Service License.

Thank you

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. Plans shall be a minimum of 11 x 14 inches in size and the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot. This is to allow for ease in reading plans.
2. Information accompanying the plan shall include: the proposed menu, seating capacity, projected daily meal volume for food service operations.
3. The plan shall show the location and when requested elevated drawings of all food service equipment. **Each piece of equipment shall be clearly labeled on the plan with a number that will be the same on the plan, on the schedule/list of equipment and on the each spec sheet that will be submitted with the plan.**
4. Adequate rapid cooling including ice baths and refrigeration, and hot-holding facilities for potentially hazardous foods shall be clearly designated on the plan.
5. When menu dictates, food preparation sinks used for no other purpose, shall be labeled and located to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Adequate hand washing facilities used for no other purpose shall be designated for each toilet room and in the immediate area of food preparation, food dispensing, and utensil washing.
7. Ware washing area to have 3 bay sink with sloped back and 2 drain boards. (All 3 bays must be large enough to fit largest piece of equipment.)
Additional equipment may include an approved dishwasher. Indicate the type of dishwasher: chemical or hot temp sanitizing.
8. The plan layout shall contain room size, space between and behind equipment and placement of the equipment on the floor.
9. Auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation shall be represented on the plan and all features of these rooms shown as required by these standards.
10. The plan and specifications shall also include:
 - A. Entrances, exits, loading/unloading areas and docks;
 - B. Complete finish schedules for each room to include floors, walls, ceilings and covered juncture bases;
 - C. Plumbing schedule to include location of floor drains, floor sinks and water supply lines, overhead waste waterlines, hot water generating equipment with capacity and recovery rate, back flow prevention, waste water line connections;
 - D. Lighting schedule with protectors; Food contact surfaces = 20 foot candles (220 Lux)
All other areas = 10 foot candles (110 Lux);
 - E. Schedule of equipment (a list) to include make and model numbers and National

Sanitation Foundation (NSF) or equivalent listing (when applicable) of all food service equipment. All equipment should be NSF listed or equivalent. Galvanized metal components of equipment, ie. prep tables is not permitted. Use only stainless steel.

- F. Manufacturers' equipment specification sheets (cut sheets).
 - G. Source of water supply and method of sewage disposal. The location of these facilities shall be shown and evidence submitted that state and local regulations are to be complied with;
 - H. A flow chart demonstrating flow patterns for:
 - Food (receiving, storage, preparation, service)
 - Food and dishes (portioning, transport, service)
 - Dishes (clean, soiled, cleaning, storage)
 - Utensil (storage, use, cleaning)
 - Trash and garbage (service area, holding, storage)
 - I. Heating and Ventilation schedule for each room;
 - J. Required sinks include: Hand sinks in each area of food preparation, food service and ware washing; a 3 bay sink with 2 drain boards, and a food preparation sink with 2 drain boards; In some instances a dump sink will be required.
 - K. Garbage can washing area/facility;
 - L. Cabinets for storing toxic chemicals;
 - M. Dressing rooms, locker areas, employee rest areas and/or coat rack as required;
 - N. Site plan (plot plan).
11. You will be notified in writing after your plans are reviewed and approved.
*Existing establishments need clearance from zoning.
12. **Required inspections: (Please Call to Schedule)**
- a. After plumbing roughed in. []
 - b. After wall, floor and ceiling finishes are in. []
 - c. After hood is installed. []
 - d. After equipment is installed and establishment is ready to open. []
- Aquarion must confirm no cross connections present.**
13. **DO NOT BEGIN ANY FORM OF RENOVATION, REMODELING OR CONSTRUCTION ACTIVITY WITHOUT WRITTEN CONSENT FROM THIS OFFICE.**
14. A complete water analysis must be submitted by a state certified laboratory if the establishment is served by a well.
15. If served by a Well, please complete "Water Supplies Section" of this application.
16. A pre-operational inspection shall be conducted by this office and a license obtained before opening business.

If there are any equipment changes, building modifications, etc. after the original plans have been approved, you must notify us for our approval.

Thank you for your cooperation.

Monroe Health Department

To: The Department of Liquor Control
165 Capitol Avenue
Hartford, CT 06106

I certify that:

Name of Permittee

Name of Establishment

Street

Town

has complied with the requirements of the State Public Health Code of places dispensing food and beverages at the time of inspection.

Date

Signature of Director of Health
Or Authorized Agent

Monroe Health Department

APPLICATION FOR INSTALLATION OF A COMMERCIAL KITCHEN VENTILATION HOOD

NEW INSTALLATION

REPLACEMENT

Food Establishment _____

Address _____

Fabricator/Manufacturer of Hood* _____

Address _____

City _____ State _____ Zip _____ Phone _____

*If fabricator is custom building unit detailed plans and installation instructions are required. If using production model, manufacturer's name, address, model number, spec sheets and installation instructions are required.

I hereby certify that I will conform to the following requirements:

1. The hood and ventilation system shall meet the current code requirements. (see # 3).
2. The wall behind the cooking equipment will be covered with stainless steel and shall extend from the hood to the floor in a manner that will prevent grease build up and facilitate cleaning.
3. Detailed plans shall be submitted to the Health District, the Building Department and the Fire Marshal for approvals prior to the start of construction.
4. Any additions, deletions or modifications to the plans shall be submitted to the above offices for approval prior to making changes.
5. The Health District reserves the right to require modifications should unexpected conditions arise.
6. The exhaust system shall be installed in accordance with the manufacture's instructions or the building or fire codes, whichever is most restrictive.

Signature of Contractor _____ Date _____

Business Name _____ Contact Name _____

Business Address _____ Business phone (____) _____
Cell phone (____) _____

FOOD PREPARATION REVIEW

Check categories of **Potentially Hazardous Foods (PHF's)** to be handled, prepared and served.

	<u>CATEGORY</u>	<u>YES</u>	<u>NO</u>
1.	Thin meats, poultry, fish, and eggs	<input type="checkbox"/>	<input type="checkbox"/>
2.	Thick meats, whole poultry	<input type="checkbox"/>	<input type="checkbox"/>
3.	Cold processed foods (salads, sandwiches, vegetables)	<input type="checkbox"/>	<input type="checkbox"/>
4.	Hot processed foods (soups, stews, chowders, casseroles)	<input type="checkbox"/>	<input type="checkbox"/>
5.	Bakery goods (pies, custards, creams)	<input type="checkbox"/>	<input type="checkbox"/>
6.	Other: _____ *If sashimi is on the menu, the purveyor's contact information is required and parasite destruction information required.		

PLEASE CHECK / ANSWER THE FOLLOWING QUESTIONS:

FOOD SUPPLIES:

1. Is adequate and approved freezer and refrigeration available to store frozen foods at 0°F and below, and refrigerated foods at 45° and below? Yes No

2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? Yes No

If yes, how will cross-contamination be prevented? _____

3. Does each refrigerator and freezer have a thermometer? Yes No
 Number of refrigeration units: _____
 Number of freezer units: _____

4. Is there a bulk ice machine available? Yes No
 If yes, is it: Air cooled Water cooled

Note: If on a septic system, an air-cooled unit is required.

THAWING:

Please indicate by checking the appropriate boxes how potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply.

	THICK MEATS	THIN MEATS	COLD FOODS	HOT FOODS SOUPS	BAKED GOODS
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running Water Less than 70°F (21°C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked Frozen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COOKING:

1. Food product thermometers (0 - 212°F) shall be provided and used to measure final cooking and reheating temperatures of PHF's. Yes No

Minimum cooking time and temperatures of product utilizing convection and conduction heating equipment:

Whole Beef/Pork roast	130°F	121 minutes
Seafood	145°F	15 seconds
*Eggs	145°F	15 seconds
Comminuted meats	155°F	15 seconds
Ground Meat	155°F	15 seconds
Poultry	165°F	15 seconds
Other PHF's	145°F	15 seconds
*Reheated PHF's	165°F	15 seconds

2. List type of cooking equipment and the number of units: _____

*Except: Eggs in schools, daycare centers and health care facilities must be cooked to a minimum of 165° for 15 seconds.

HOT/COLD HOLDING:

1. How will hot PHF's be maintained at 140°F (60°C) and above during holding for service? Indicate type and number of hot holding units.

2. How will cold PHF's be maintained at 45°F and below during holding for service? Indicate type and number of cold holding units.

COOLING:

	THICK MEATS	THIN MEATS	COLD FOODS	HOT FOODS	BAKED GOODS
Shallow Pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Baths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce Volume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Chill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PREPARATION:

1. Please list categories of food prepared more than 12 hours in advance of service.

2. Will employees be trained in good food sanitation practices using a certified food service sanitation course? Yes No
Name of course _____
3. **Note:** Disposable gloves and/or food grade paper shall be used in addition to utensils, to minimize handling of ready-to-eat foods.
4. Is there an established policy to exclude or restrict food workers who are sick or have infected cuts or broken skin? Yes No
Please describe briefly: _____

5. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical Type: _____

Concentration: _____

Test Kit: Yes No

6. Will all produce be washed prior to use? Yes No
 Is there an approved location used for washing produce? Yes No

7. Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (45°F - 140°F) during preparation.

8. If food is transported to another location off-premise, food must be protected from contamination and held at proper holding temperatures. List equipment and procedures (attach additional sheets if necessary.)

FINISH SURFACES REVIEW

I FLOORS

Floors must be smooth, impervious, non-absorbent and easily cleanable. Quarry tile, commercial vinyl tile or a seamless poured epoxy floor is acceptable. Floor drains are required.

II WALLS

Walls must be smooth, impervious, non-absorbent, light colored and easily cleanable. All food prep, ware washing or other areas subject to abuse or splashing must be FRP (Fiberglass Reinforced Plastic), ceramic tile, commercial marble, stainless steel, or equal. Exposed waterlines, waste lines, gas lines or conduits must be protected.

A minimum 4-inch cove molding with ¼ " radius must be supplied on all walls. Indicate type of coving:

- vinyl base quarry tile base

III CEILINGS

Ceilings must be smooth, impervious, non-absorbent and easily cleanable. Painted sheetrock or vinyl faces suspended ceiling tiles are acceptable. Porous tiles are acceptable only in customer seating areas. Exposed waterlines, waste lines, gas lines or conduits are must be protected.

		Material	Finish	Color
Kitchen	Floors			

	Walls				<input type="checkbox"/>
	Ceilings				<input type="checkbox"/>
Prep Area	Floors				<input type="checkbox"/>
	Walls				<input type="checkbox"/>
	Ceilings				<input type="checkbox"/>
Ware washing	Floors				<input type="checkbox"/>
	Walls				<input type="checkbox"/>
	Ceilings				<input type="checkbox"/>
Storage Rooms	Floors				<input type="checkbox"/>
	Walls				<input type="checkbox"/>
	Ceilings				<input type="checkbox"/>
Restrooms	Floors				<input type="checkbox"/>
	Walls				<input type="checkbox"/>
	Ceilings				<input type="checkbox"/>
Bar	Floors				<input type="checkbox"/>
	Walls				<input type="checkbox"/>
	Ceilings				<input type="checkbox"/>
Locker Room	Floors				<input type="checkbox"/>
	Walls				<input type="checkbox"/>
	Ceilings				<input type="checkbox"/>

IV DOORS AND WINDOWS

All doors and windows must be tight fitting to prevent the entrance of insects and rodents. Doors and drive-thru windows must be self-closing. Screening material shall not be less than 16 mesh to the inch.

Windows that open: screened self-closing

Outside doors: Mandatory screened self-closing

If air curtains are used, where will they be used? _____.

V LIGHTING

20-foot candles of light or more must be provided on all working surfaces and equipment in food preparation, food storage, utensil washing and hand washing areas.

10-foot candles of light or more must be provided in toilet rooms measured at a distance of 30 inches from the floor.

Protective shielding must be provided for all light fixtures in food and clean equipment areas. Shatterproof bulbs such as "tuff-skin" or "shat-r-shield" may be used in place of plastic shields.

VI VENTILATION

Ventilation must be adequate so that all areas are kept reasonably free from excessive heat, steam, condensation, vapors, fumes or objectionable odors. Exhaust hoods must be designed to prevent grease or condensate from dripping into the food and the filters or baffles must be readily removed for cleaning. Make-up air must be of adequate size, design and properly located.

VII TOILET FACILITIES

Toilet facilities available to the employees are required. If seating for the public is provided, a public restroom is required. Separate facilities are required for each sex if the occupancy (seating plus employees) is above 15.

Facilities must be available to the public without passing through the kitchen.

Must be located within 500 feet if facility is located in multi-purpose building.

of water closets for Men _____ Women _____
of lavatories for Men _____ Women _____
of urinals _____

Toilet facilities must be available and accessible all times establishment open.

Sanitary napkin receptacles must be provided in female restrooms. (Covered waste container)

Restrooms vented to outside by mechanical fan or openable, screened window.

Restrooms must have self-closing doors.

VIII HANDWASHING FACILITIES

Handwashing facilities shall be provided for each food preparation area, food dispensing area, utensil washing area, toilet rooms and at bar and beverage service areas.

All handwashing facilities provided with hot and cold water under pressure and shall have a mixing valve or combination faucet. The maximum temperature of the handwashing water shall be 115°. The minimum is 110°F.

Each hand washing station provided with liquid soap dispenser and appropriate hand drying
 Paper towels electric dryer

Note: Any self-closing or metering faucet must be capable of providing a flow of water for at least 15 seconds.

If menu includes coffee in pots, smoothies, shakes, etc., a separate designated dump sink is required.

IX FOOD PREP SINK

All raw fruits and vegetables shall be washed thoroughly before being cooked or served. A separate sloped backsplash sink with drain boards on each side shall be provided for these food preparations.

Please Note: CONSULT BUILDING DEPARTMENT FOR PROPER DRAINLINE CONNECTION FOR FOOD PREP SINK. The installation of all plumbing and equipment shall be in compliance with the requirements of the Connecticut Public Health Code and the latest "Updated Guideline For Correcting Plumbing Hazards and cross-Connections Found In Food Service Establishments" issued by the Connecticut Department of Public Health. Installation of equipment and cross-connection/backflow/ back siphonage prevention shall be in compliance with the current State of CT Plumbing Code.

X CHEMICAL STORAGE

All toxic materials including cleaning compounds, pesticides, sanitizers, etc. must be stored in an area away from food preparation. All containers and spray bottles must be clearly labeled. Separate as follows: Toxics, General Purpose, and Sanitizing Agents.

Indicate Location _____

XI CLEANING EQUIPMENT STORAGE

Cleaning equipment (mops, brooms, etc.) shall be stored in a room completely separate from food storage or prep, utensil storage areas or utensil washing.

Floor curbed utility sink with backflow preventer provided.

XII DRESSING ROOMS

Are separate dressing rooms for staff provided? Yes No

Are lockers provided? Yes No

If not, describe storage facilities for employees' personal belongings (purse, coat, shoes, etc.)

XIII LAUNDRY FACILITIES

Are laundry facilities located on premises? Yes No

If yes, what will be laundered? _____

Washing Machine yes No

Dryer yes No

Location of clean linen _____

Location of dirty linen _____

XIV GARBAGE AND REFUSE

Interior

Will refuse be stored inside? Yes No

If so, where _____

Is there a garbage can cleaning sink or area? Yes No

Exterior

Will dumpster be used? Yes No

Number _____ Size _____

Frequency or pick up _____

Contractor _____

Will a compactor be used? Yes No

Number _____ Size _____

Frequency or pick up _____

Contractor _____

Note: All dumpsters and compactors must be leak proof and have tight fitting lids.

Will garbage cans be stored outside? Yes No

Describe surface and location where dumpster / compactor / cans are to be stored

Type and location of grease storage receptacle _____

Is there an area to store recycled containers? Yes No

Describe _____

XV DISHWASHING FACILITIES

A 3-compartment sink must be provided with compartments that are large enough to submerge the largest piece of equipment used.

Size of each compartment: L _____ W _____ D _____

Drain board at least 18 inches provided at each end of sink.

Will a dishwasher be used? Yes No

A mechanical machine may not be used solely if pots and pans are used.

NSF Listed Yes No

On State of Connecticut Food Protection Program approved dishwasher list?
 Yes No

Make _____ Model _____

Type of machine high temp chemical

Hot water requirements: _____ gallons per hour of _____ degree F water.

Booster Heater: Make _____ Model _____

Indirect waste line provided: yes no Ventilation required: Yes No

XVI HOT WATER SUPPLY

Hot water heater: Make _____ Model _____

Fuel Type oil gas electric Size _____ gallons

Hot water requirements of establishment are _____ gallons per hour, based on usage requirements of all fixtures.

XVII GREASE TRAPS

Applicants are required to plan for the construction of a grease trap/interceptor in accordance with the treatment requirements of the Water Pollution Control Authorities. Information is available through the WPCA and the Building Department. N/A

Internal (heat – assisted) Size _____ External Size _____

Private septic systems require an external grease trap minimum 1,000 gallons Class III, IV

XVIII REFRIGERATION AND FREEZER STORAGE

WALK IN REFRIGERATORS

WALK IN FREEZERS

Floors	_____	_____	_____	_____
Walls	_____	_____	_____	_____
Ceilings	_____	_____	_____	_____
Size	_____	_____	_____	_____

Interior finishes must be smooth, non-absorbent and easily cleanable.

Floors can be pre-fabricated from manufacturer or may be quarry tile.

A floor drain must be provided in the walk-in refrigerator with the floors pitched to the drain. If this is not possible, a drain must be provided within 6 feet outside the walk-in door.

REACH-IN REFRIGERATORS AND FREEZERS

Of refrigerators _____ capacity _____ cubic feet

Of freezers _____ capacity _____ cubic feet

Thermometers must be provided in all refrigeration units in a location where they can be seen easily.

XIX FACILITIES TO PROTECT FOOD

All utensils and equipment must be stored at least 12 inches off the floor, and must be clean, dry and protected from splash and dust.

Hot holding units must be capable of maintaining food at an internal temperature of 140°F or above, during display, service or holding periods.

If food is transported to another location off premises, food must be protected from contamination and held at proper holding temperatures. List equipment and procedures:

Appropriate thermometers required for monitoring temperatures.

Are you having a salad bar? Yes No

Type of foods: Cold Hot

Method of keeping foods cold: Ice Electric cold plate

Method of keeping hot food: _____

Permanent drain installed Yes No

Adequate sneeze guards shall be provided.

Are frozen deserts being scooped and dispensed? Yes No

If yes, a running water dipper shall be provided. Yes No

Is there a separate food preparation area provided for Sushi bar?
 Yes No Not applicable

XX DRY STORAGE

The dry storage space required depends on the menu, number of meals, quantity purchased and frequency of delivery.

Room free of overhead sewer and waste line pipes.

Adequate metal shelving provided. (Bottom shelves 12 inches above floor.)

Adequate metal or durable dunnage racks provided.

Adequate bulk food containers with tight fitting covers and dollies provided.

Food dispensing scoops provided.

All containers labeled with contents.

XXI PLUMBING AND CROSS CONNECTION CONTROL

You must hire a professional plumber with permits issued through the Building Department. Plumbing code regulations must be adhered to.

Monroe Health Department

Menus

Consumer Advisory

Public Health Code Section 19-13-B42 (m) (1) (F)

Consumers shall be informed of the risks involved with the consumption of raw or undercooked animal foods by written means such as: posters, brochures, menu advisories, table tents, etc. available at the food service establishment stating: **“Thoroughly cooked meats, poultry, seafood, Shellfish, or eggs reduces the risk of food borne illness”** Exemptions to the food temperature requirements **shall not be Allowed** at food service establishments serving highly Susceptible populations in hospitals, nursing homes, or similar Health care facilities. Refer to Code for details.

A consumer advisory and disclosure shall be on the menu, etc.

Examples are:

“Thoroughly cooking meats, poultry, seafood, shellfish, or eggs reduces the risk of Food borne illness.”

Or

“Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of food borne illness, especially if you have certain medical conditions.”

Disclosure

Printing the advisory on the menu with an asterisk * at each potentially hazardous food item fulfills the disclosure requirement.



TOWN OF MONROE

HEALTH DEPARTMENT

7 Fan Hill Road

Monroe, CT 06468

Phone: 203-452-2818

Fax: 866-256-7016

www.monroect.gov/health

Laurel A. Shaw, MPH, RS
Director of Health
lshaw@monroect.gov

APPLICATION FOR FOOD LICENSE

Check Classification: **License Fee:**

- Class I: \$ 120.00
- Class II: \$ 250.00 (seating 0-49)
 \$ 330.00 (seating 50 or more)
- Class III: \$ 330.00 (seating 0-49)
 \$ 385.00 (seating 50 or more)
- Class IV: \$ 250.00
- Caterer: \$ 150.00
- Itinerant: \$ 150.00 (per vehicle, full year)
 \$ 60.00 (per vehicle, one week)

Renewal Late Fee: \$ 75.00

Plan Review Fee: (Same as license fee for each category)

Name of Food Establishment: _____

Address of Food Establishment: _____

Phone # of Food Establishment: _____ Fax # of Food Establishment: _____

Email Address of Food Establishment: _____

Name of Certified Food Manager: _____
(please attach certificate)

Owner of Food Establishment: _____

Address of Owner: _____

	Street	Town	State	Zip Code
Phone # of Owner:	_____	_____	_____	_____
	Home	Cell	24 Hour Emergency #	
	_____	_____	_____	

Email of Owner: _____

Signature of Owner: _____

Seating Capacity of Food Establishment: (exact #) _____

Establishment Square Footage: (Including Kitchen and Indoor Dining Areas) _____

Make Checks Payable to: Town of Monroe

PLEASE CIRCLE: **Private Well Water** **OR** **Public City Water**

<u>Office Use Only</u>	
License Fee Paid: _____	Received by: _____
Check # or Cash: _____	Receipt # _____
Application Reviewed by: _____	

