

Dear Food Store Market Owner,

It is the responsibilities of the food store/ market owner to file permit application(s) with the Brookfield Health Department. Should your business operate as both a **Food Store:**(sell, offer for sale or keep any groceries, bakery products, confectioneries, meats, fish, vegetables, or fruits) AND a **Food Service Establishment:** (food is prepared & intended for individual portion service), a separate application is required for each.

In addition, according to Public Health Code 19-13-B40 (h): "*any water supply available for drinking or for washing dishes or food handling equipment or for hand washing shall be of safe sanitary quality.*" Therefore, should a current water test be required, it will be noted below.

Application Requirements:

- ☐ Complete required information.
- ☐ Obtain **Tax Collector's** sign-off on application.
- ☐ Include annual **fee of \$100.00**.
- ☐ Include current water test if applicable.
(*water test parameters attached*)

An inspection of the food store/ market will be performed by the Brookfield Health Department *as deemed necessary*. Other documents that may be helpful to you include the: Town of Brookfield Food Service Establishment Licensing Ordinance and RCSA §19-13-B40 (a) thru (j) – Sanitation of Foodstuffs (available to you upon request).

Should you have any questions please do not hesitate to call. Thank you for your anticipated cooperation.

Sincerely,

The Brookfield Health Department

Name of Establishment: _____

Date Due: _____ Current Water Test Required: _____

You must file your application with the Brookfield Health Department by the "date due" to avoid a 50% late fee and possible revocation of your food license.



**TOWN OF BROOKFIELD
HEALTH DEPARTMENT**

100 Pocono Road ▪ Brookfield, CT ▪ 06804
Phone: 203-775-7315 Fax: 203-740-7677
www.brookfieldct.gov

Office Use Only:

Fee Paid: ☐ YES ☐ NO
Approved by _____
Date _____
LICENSE# _____

APPLICATION FOR A LICENSE TO OPERATE A FOOD STORE/MARKET

☐ LICENSE RENEWAL ☐ CHANGE OF OWNERSHIP ☐ NEW BUSINESS ☐ OPERATIONAL CHANGE

Property ID#: _____

Personal Property Tax ID#: _____

***Tax Collector:** ☐ Approved ☐ Denied

Signed: _____ Date: _____

BUSINESS NAME _____ **PHONE** _____

ADDRESS _____ **TYPE OF BUSINESS** _____

ON-SITE MANAGER/SUPERVISOR _____

NAME OF OWNER _____ **PHONE** _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP CODE** _____

CELL _____ **EMAIL** _____

All information and correspondence is to be sent to: *check* ☐ **Owner** or ☐ **Establishment**

HOURS OF OPERATION: M _____ T _____ W _____ Th _____ F _____ Sat _____ Sun _____

SEWAGE DISPOSAL: ☐ Septic System ☐ Town Sewer

SOURCE OF WATER SUPPLY: ☐ On-Site Well ☐ Customer of Public Water Co.

I certify that I am the owner of the food store /market or the owner's legal representative. I agree to abide by State (*PHC 19-13-B40*) and Local regulations regarding food stores. I understand that prior to change in ownership or in business name a new application must be forwarded to the Health Department.
(Licenses are not transferable)

Signature of Applicant & Title

Date

Town of Brookfield Health Department
Food Service Establishment Licensing Ordinance: §9. Water Analysis
Required Parameters for Complete Potability Water Testing

<u>Parameter</u>	<u>Limit</u>
Total Coliform	0 organisms
Nitrate	10.0 mg/l
Nitrite	1.0 mg/l
Sodium	28.0 mg/l
Chloride	250.0 mg/l
Iron	0.3 mg/l
Manganese	0.05 mg/l
Hardness	no limit
Turbidity	5 NTU
pH	6.4 – 8.5
Sulfate	250.0 mg/l
Color	no limit
Odor	2

If Nitrate levels exceed the limit of 10.0 mg/l, then the following pesticides must be tested for and their levels must be within established limits:

Alachlor
Atrazine
Dicamba
Ethylene Dibromide (EDB)
Metolachlor
Simazine
2, 4-D

*Failure to submit such water analyses shall subject the owner or operator of such establishments to a ***fine of \$100.00*** and the suspension of the establishment's license to operate. Such a food service establishment shall remain closed until submission of the water test results.