



Joseph P. Ganim  
Mayor

# City of Bridgeport Department of Health & Social Services Environmental Health Division

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www.Bridgeportct.gov/EnvironmentalHealth

Dr. Elizabeth Rivera-Rodriguez,  
MPH  
Director of Health & Social Services  
Sumit Sharma, MPH  
Deputy Director of Health & Social  
Services

### OFFICE USE ONLY

Insp. # \_\_\_\_\_

Date: \_\_\_\_\_

#### CLASS I

Fee: \$300 Class I (0-2500 SF)

Fee: \$400 Class I (2501+ SF)

#### CLASS II

Fee: \$230 Class II (0-50 seat)

Fee: \$290 Class II (51-100 seat)

Fee: \$425 Class II (101+ seat)

#### CLASS III

Fee: \$230 Class III (0-50 seat)

Fee: \$290 Class III (51-100 seat)

Fee: \$425 Class III (101+ seat)

#### CLASS IV

Fee: \$230 Class IV (0-50 Seat)

Fee: \$290 Class IV (51-100 seat)

Fee: \$425 Class IV (101+ seat)

Exempt:

#### RETAIL

Fee: \$150 Tobacco

Fee: \$300 Grocerv

Fee: \$400 Grocerv

Late Fee: \_\_\_\_\_

Total \_\_\_\_\_

C/MO#: \_\_\_\_\_

Received by: \_\_\_\_\_

## FOOD, BEVERAGE, TOBACCO APLICATION

\_\_\_\_\_  
(NAME OF ESTABLISHMENT)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(CITY, STATE, ZIP CODE)

\_\_\_\_\_  
(PHONE)

\_\_\_\_\_  
(NAME OF OWNER)

\_\_\_\_\_  
(HOME ADDRESS)

\_\_\_\_\_  
(CITY, STATE, ZIP CODE)

\_\_\_\_\_  
(PHONE)

\_\_\_\_\_  
(EMAIL)

Issuance of this license shall not be construed as permission to create or maintain any violations of the sanitary regulations and ordinances of the State of Connecticut and the City of Bridgeport. The undersigned agrees to comply with all such sanitary regulations and ordinances. Class II – Class IV, and Tobacco licenses must be renewed **JANUARY 1ST annually**. Class I and Retail Grocery license must be renewed **July 1ST annually**. **\$100 Late fees apply.**

**THIS LICENSE IS NOT TRANSFERRABLE, NON-REFUNDABLE  
AND NOT PRORATED**

Please make Cashier's Check or Money Order to: **Bridgeport Health Department**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_