

City of Bridgeport

Department of Health & Social Services Environmental Health

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FOOD, BEVERAGE, TOBACCO APLICATION OFFICE USE ONLY Insp. _ (NAME OF ESTABLISHMENT) Date: _ CLASS I (ADDRESS) Fee: \$300 Class I (0-2500 SF) Fee: \$400 Class I (2501+ SF) (CITY, STATE, ZIP CODE) **CLASS II** (PHONE) Fee: \$230 Class II (0-50 seat) Fee: \$290 Class II (51-100 seat) (NAME OF OWNER) Fee: \$425 Class II (101+ seat) **CLASS III** (HOME ADDRESS) Fee: \$230 Class III (0-50 seat) Fee: \$290 Class III (51-100 seat) (CITY, STATE, ZIP CODE) Fee: \$425 Class III (101+ seat) (PHONE) Exempt: CLASS IV (EMAIL) Fee: <u>\$230 Class IV (0-50</u> seat) 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 Fee: \$290 Class IV (51-100 seat) conduct business that is complicit with all local, state, and federal mandates, as well as any emergent government orders; be considered responsible for all business operations including the establishment and its staff; perform business as described upon application according to the documents provided to the Bridgeport Health Fee: \$425 Class IV (101+ seat) Department; be uninvolved in actions or events that would jeopardize community health. Must be renewed. Class II, Class III & Class IV, and Tobacco licenses must be renewed JANUARY 1ST annually. Class I license must be renewed July 1ST annually. Late fees apply. Fee: \$150 TOBACCO THIS LICENSE IS NOT TRANSFERRABLE, NON-REFUNDABLE AND NOT PRORATED Fee: \$300 GROCERY (0-2500 sqft) Please make Cashier's Check or Money Order to: Bridgeport Health Department Fee: \$400 GROCERY (2501 + sqft) Late Fees: Applicant's Signature: ______Date: _____ Received by: