



Town of Redding
Health Department

P.O. Box 1028
Redding Center, CT 06875

Tel: (203) 938-2559

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REDDING COMMUNITY CENTER

APPLICATION FOR FOOD SERVICE LICENSE

Fee \$10 per application (submitted at least 14 days prior to event)
\$20 late fee

Applicant _____

Applicant Address _____

Phone: (day) _____ (evenings) _____

Name of Organization _____

Name of Event _____

Date of Event(s) _____

List **all** foods to be served (additional list may be attached) _____

Is a Qualified Food Service Operator (QFSO) supervising the food preparation? _____

Name of QFSO _____

Is food being prepared off site? _____ If yes, where? _____

Attach a copy of QFSO Certificate to this application _____

Application Approval _____ Not Approved _____

Fee Paid _____

Date _____

Operator in Charge

Redding Health Officer

Phone # _____