



**City Of Meriden**  
**Department Of Health And Human Services**  
**Environmental Health Section**  
**165 Miller Street, Meriden CT 06450**  
**203-630-4226**

**CHANGE OF OWNERSHIP**

**STATEMENT:** This information is provided for the purpose of A Food Facility Plan Review as required by the Code of the City of Meriden, Chapter 112.

Printed Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Applicant Title: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date Submitted to the Health Department: \_\_\_\_\_

Proposed Name of Food Establishment: \_\_\_\_\_

Address of Food Establishment: \_\_\_\_\_

**PLEASE READ THESE INSTRUCTIONS COMPLETELY BEFORE PROCEEDING**

1. Contact the Health Inspector for your area to conduct a walk-thru inspection.
2. Contact the other departments indicated on the food service application form for their sign-offs:
  - a. Tax Department – City Hall Main Level – 630-4053
  - b. Fire Marshal – City Hall lower level – 630-4010 (inspection required)
  - c. Building Dept. – City Hall Main Level – 630-4091
  - d. Engineering – City Hall Lower Level – 630-4018
  - e. Zoning - City Hall Main Level – 630-4081
  - f. State of CT Consumer Protection (If Baking) (860)713-6160
3. Complete this form and **submit a copy of your menu** or a list of foods to be served/sold. **If you are cooking food you must submit a copy of the Qualified Food Operator (QFO) that will be working in the establishment and the days and time of their work schedule (see form attached). If a QFO is required, you must have one employed for the facility before a Food Service License can be issued.**
4. If the new menu will require food equipment changes you must submit a floor plan showing all equipment and denoting the changes. **All new and existing equipment must be commercial grade NSF approved or equal.**
5. All licenses expire December 31<sup>st</sup> of the current year. Licenses issued after November 1<sup>st</sup> are valid through the next calendar year.

**All information requested MUST be provided or noted as non-applicable (N/A).**

1. Provide copy of certificate for Qualified Food Operator (QFO). All facilities serving HOT food must employ a QFO. QFO must be on-site at least 30 hours per week. Must have designated alternate QFO. Documentation of in-house training must be maintained for review.

**Name of QFO** \_\_\_\_\_

2. List all food prepared more than six (6) hours in advance of service (roasts, meatballs, rice, soups, etc). \_\_\_\_\_  
\_\_\_\_\_

3. Indicate how ingredients for cold, ready-to-eat food such as tuna, mayonnaise and eggs for salad and sandwiches will be pre-chilled before mixing/and or assembled.  
\_\_\_\_\_  
\_\_\_\_\_

4. All potentially hazardous food (PHF) must be maintained at or below 45° F or at or above 140° F, except during necessary times of preparation. Describe procedure to minimize these time periods

**Reheating:** \_\_\_\_\_

**Cooling:** \_\_\_\_\_

5. Indicate method to reduce bare-hand contact with food (gloves, wax paper, utensils).  
\_\_\_\_\_
6. Briefly describe policy to exclude/restrict ill employees: \_\_\_\_\_  
\_\_\_\_\_

**❖ No person while affected with a disease in a communicable form, or while a carrier of such disease, or while afflicted with boils, infected wounds, or an acute respiratory infection, shall work in a food service establishment in an area and capacity in which there is a likelihood of transmission of disease to patrons or to fellow employees, either through direct contact or through the contamination of food or food-contact surfaces with pathogenic organisms. No such person shall be employed in such an area and capacity in a food service establishment. The manager or person in charge of the establishment shall notify the health authority when any employee of a food service establishment is known or suspected of having a disease in a communicable form.**