

City of Bridgeport

Department of Health & Social Services Environmental Health

999 Broad Street, Bridgeport, CT 06604 Telephone: 203-576-7474 Fax: 203-576-7793

bridgeportct.gov/EnvironmentalHealth

Dr. Elizabeth Rivera-Rodriguez, DNP, MPH, MSN, RN

Director of Health & Social Services

Sumit Sharma, MPH, MDiv.
Deputy Director of Health &
Social Services

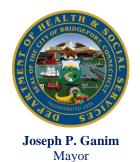
Audrey M. Gaines, BSDeputy Enforcement Officer

Food Establishment Procedure

Bridgeport Health Department – Environmental Health Division requires the following documents for new establishments and change of ownership:

- Copy of Application for Certificate of Zoning Compliance Zoning Department, City Hall 45 Lyon Terrace, Room 210. (203) 576-7217
- Copy of Building Department Permits if you are renovating the inside of the business, Building Department, City Hall - 45 Lyon Terrace. (203) 576-7225
- 3. Copy of Trade Name Certificate Town Clerk's Office, City Hall 45 Lyon Terrace. (203) 576-7081
- 4. Copy of **Personal Property Tax Inquiry Form** to make sure there are no taxes owned for the business **Tax Collector's Office**, City Hall 45 Lyon Terrace. (203) 576-7271
- 5. Copy of the **Lease** or **Bill of Sale**.
- 6. **Fire Marshal** approval of existing or new kitchen **Fire Marshal Office**, City Hall 45 Lyon Terrace. (203) 576-8013
- 7. **Floor Plan** of the establishment (showing the location of all equipment). Floor Plan review fee \$100 to \$300 (depending on Sq. footage).
- 8. Copy of **Menu/List of Food Products**.
- 9. Copy of **Food Protection Manager** Certificate by approved testing organization (ServSafe, Prometric, National Registry of Food Safety Professionals/Environmental Health Testing, 360training.com or statefoodsafety.com)
- 10. Copy of **Connecticut Liquor license**, if serving liquor at the establishment.
- 11. Copy of Connecticut licensed exterminator contract.
- 12. Copy of owner's photo ID.
- 13. Food Establishments Only Need a written **Emergency Preparedness Plan**, in case of a natural disaster, stating how the food within the establishment will be dealt with.

Note: At the time of the final inspection, the license fee will be due by <u>Cashier's Check</u> or <u>Money Order Only</u>. The fee of the license will depend on the number of seats and/or square footage in the establishment.



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Five (5) Approved Testing Organizations and Tests for <u>Certified Food Protection Manager</u>

(Formerly known as Qualified Food Operator)

1. ServSafe®

National Restaurant Association (NRA)

Phone: 1800-765-2122 Website: www.servsafe.com

Exam Name: ServSafe Food Protection Manager Exam Address: 175 West Jackson, Suite 1500 Chicago, IL 60604

2. National Registry of Food Safety Professionals/Environmental Health Testing

Phone: 1-800-446-0257

Contact: <u>Customer.Service@nrfsp.com</u>
Website: https://www.nrfsp.com/manager/

Exam Name: Certified Food Safety Manager Exam

Address: 6751 Forum Drive, Suite 220 Orlando, FL 32821

3. 360training.com®

Phone: 1-888-360-8764

Contact: Enrollment.Advisor@360training.com

Website: www.360training.com or https://www.360training.com/food-beverage-programs/food-manager-

certification/connecticut-food-safety-manager-certification

Exam Name: Learn2Serve Food Protection Manager Certification Exam Address: 6801 N. Capital of Texas Hwy., Suite 150 Austin, TX 78731

4. AboveTraining, Inc dba StateFoodSafety

Phone: 1-801-494-1416

Website: www.statefoodsafety.com

Exam Name: *StateFoodSafety Certified Food Protection Manager Exam* Address: 711 Timpanogos Pkwy Bldg M, Ste 3100 Orem, UT 84097

5. The Always Food Safe, LLC

Phone: 1-612-203-4872

Website: https://alwaysfoodsafe.com/en/ Exam name: Food Protection Manager Exam Address: 899 Montreal Circle, St. Paul, MN 55102

*Please note: Effective 4/1/22, <u>Prometric</u> is no longer offering the Certified Food Protection Manager exam. Those who passed the Prometric exam that was offered prior to this date are still acceptable to meet the regulatory requirement in Connecticut for being a Certified Food Protection Manager.

CITY OF BRIDGEPORT PERSONAL PROPERTY TAX INQUIRY FORM

To be filled out by Tax Collector:					
The property located at:					
<u>ID #</u> <u>ADDRESS</u>					
Is the property current on its Personal Property Taxes?					
To be filled out by the Tax Collector, room 121, 45 Lyon Terrace					
Is / is not current in its Personal Property taxes or:					
Delinquent Entity:					
o Name:					
o Address:					
Is a tax exempt entity.					
Attached is a zero-balance bill or attached is the outstanding obligation.					
Veronica Jones Tax Collector					
City of Bridgeport					
45 Lyon Terrace, room 121					
Bridgeport, CT 06604 Phone: (203) 576-7271					
Fax: (203) 332-5628					
Email: Veronica.Jones@bridgeportct.gov					

Date:



BRIDGEPORT FIRE DEPARTMENT

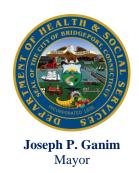




45 LYON TERRACE, ROOM 211, BRIDGEPORT, CT 06604 Telephone (203) 576-8013

COMPLIANCE INSPECTION FORM (Please print and complete pertinent areas only.)

Date:	Inspection #: (Fire Marshal Only)				
☐ Vendor Cart	☐ Food Establishm	ent 🔲 Busin	ness	Other:	
Name of Establishment:					
Establishment Address:					
License Plate:	Issuing State:				
Cor	npliance Disposition:	PASS		FAIL	
Inspector – Fire Marshall (p	print)		(signature)		
Owner/Proprietor (print)			(signature)		
V	FIRE INSPECTOR – CUT/TEAH				
Date:	Inspecti	on #: (Fire Marsh	nal Only)		
☐ Vendor Cart	☐ Food Establishm	ent 🔲 Bı	isiness	☐ Other:	
Name of Establishment:					
Establishment Address:					
License Plate: Issuing State:					
Con	npliance Disposition:	PASS]FAIL	
Inspector – Fire Marshall (p	print)		(signature)		
Owner/Proprietor (print)			(signature)		



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Emergency Preparedness Plan

In the event of a natural disaster, where any physical damage such as fire or flooding takes place, or the disruption of electrical power, natural gas, or other fuel necessary to the normal operation of my establishment occurs, I will immediately cease operations. I will remain closed to the public until such time as I contact the Bridgeport Health Department and receive written permission to resume operations. I will discard all food items know or thought to be unwholesome, adulterated, expired, or otherwise identified as hazardous by the Bridgeport Health Department and follow all additional instructions as necessary.

Name of Establishment:	 	
Address:		
Owner:		
Owner Address:	 	
Emergency Phone:		
Emergency Email:	 	
Other Emergency Contact:	 	
Signature:		