



Naugatuck Valley Health District

98 Bank Street Seymour, CT 06483
T: 203-881-3255 F: 203-881-3259 W: www.nvhd.org

FOOD SERVICE ESTABLISHMENT PLAN REVIEW FEE FORM

**THIS FORM MUST BE COMPLETED AND THE PLAN REVIEW FEE PAID
PRIOR TO PLAN REVIEW**

Food Service Name: _____
(Please Print)

Address of Establishment: _____

Owner: _____

Home Address: _____

Telephone (Home): _____

(Work Number): _____

(Cell Number): _____

Prior Name of Establishment (If Applicable): _____

New Owner's Signature: _____

FOR OFFICE USE ONLY

Date Fee Paid: _____ Check Amount: _____ Cash Amount: _____

Receipt #: _____

Ansonia ● Beacon Falls ● Derby



Naugatuck ● Seymour ● Shelton