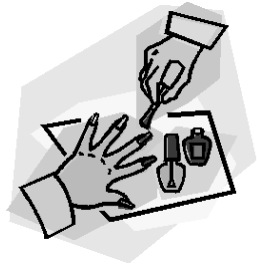


THE LICENSE IS VALID FOR ONE YEAR (JULY 1ST OF CURRENT YEAR THROUGH JUNE 30TH OF THE FOLLOWING YEAR), AND IS **NOT TRANSFERABLE**. ENVIRONMENTAL HEALTH MUST BE NOTIFIED PRIOR TO ANY CHANGES OF OWNERSHIP OR CLOSING OF BUSINESS.

THE UNDERSIGNED AGREES TO COMPLY WITH ALL OF THE REGULATIONS OF THE STATE OF CONNECTICUT AND THE CODE OF THE CITY OF MERIDEN.

Signature: _____ Date _____

Print Name: _____ Title: _____



Complete and Return with Payment by June 30th:
 Meriden Department of Health and Human Services
 Environmental Health
 165 Miller St.
 Meriden, Ct 06450
 (203) 630-4226
 (203) 639-0039 (FAX)



SIGNATURES REQUIRED FOR NEW FACILITY LICENSE	
OFFICE	SIGNATURE & DATE
FIRE MARSHAL	
BUILDING	
ZONING	
TAX DEPARTMENT	

Office use only

Date _____

Amount Pd. _____

Receipt#: _____