

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

FOOD PROTECTION SECTION

29 HAZEN DRIVE, CONCORD, NH 03301-6504 603-271-4589 FAX: 603-271-4859 TDD Access: 1-800-735-2964 foodprotection@dhhs.state.nh.us

Full Legal Name of Corporation or Owner	Name of Establishn	nent
Location (Street)	(Town, State)	(Zip)
Mailing Address (Street)	(Town, State)	(Zip)
Telephone # of Establishment ()	Emergency Contact Telephone	e# ()
Fax # () Email Address		
Name of Person in Charge at Establishment		_
Previous Business Name of this location, if applicable		
Type of Ownership Sole Proprietorship Joint Venture Partnership Other (Specify)	Type of License New Establishment Change of Ownership Change in License Class Renewal	Current Establishment # Current License # Seating Count
Schedule of Operation (including hours, days, and weeks po	er year)	Town Water Yes or No Town Wastewater Yes or No EPA#
Class of License - check highest class and class category Class A (\$875) commercially process 100,000 or more units of food/y Food Establishment (FE) with 199 seats or more (1-2) Class B (\$450) retail food store with more than two food prep areas (2) FE with 100-198 seats (2-2) commercial fish processor (2-3) Class C (\$350) retail food store with one or two food prep areas (3-1) caterers off-site (3-2) FE with 25-99 seats (3-3) bar/lounges - serve alcohol with food prep area (3-4) commercially process less than 100,000 units food/yea packers of potentially hazardous foods (PHF) (3-6) Class D (\$225) FE with 0-24 seats (including but not limited to bakeri level 2 homestead kitchens w/annual sales greater than fraternities and sororities (4-4) Class E (\$175) bed and breakfast or continental breakfast (5-1) mobile unit - cook (5-2) vehicles used for retail sale of food including but shrimp and fish (5-3) retail store - self services (5-4) ice cream vendors - scooping (5-5)	mobile unit - prepactor retail food - no food wholesalers/distribution on-site vending mactor bakeries which do not packagers of non-Plus bar/lounges with not canteen/theater condicates cream vendors institutions (7-5) senior meal sites (7-1) sellers of prepackages (4-1) Class H (\$50) level 1 homestead key Class O (\$100) schools (I colleges and not include so private, for-primality sellers (50-1) municipality of the colleges and the colleges are colleges and the colleges and the colleges are colleges and the co	ckaged or NPH unwrapped foods (6-2) I prep area (6-3) Itors PHF (6-4) Chines - PHF (6-5) Itor serve PHF / 0 seats (6-6) HF bulk food (6-9) food prep area that serve alcohol (7-1) Cessions (7-3) prepackaged ice cream (7-4) -6) Iter for the food of the food
I, (print name & title)	e and up-to-date as of the date specific questions herein, and that I have made and that it is my responsibility to im-	de no omissions with respect to any of
SIGNATURE OF APPLICANT:		APPLICATION:

1

<u>INSTRUCTIONS FOR COMPLETING</u> APPLICATION FOR ANNUAL FOOD SERVICE LICENSE

Please fill in all blanks, if not applicable enter "NA", except steps 13 and 14 (leave blank if not known). If the pre-filled information is not correct please cross out the incorrect information and type or legibly write in the correct information. (Do not use correction tape or liquid.)

- 1. Full Legal Name of Corporation or Owner provide the full legal name of the corporation or owner(s) of the establishment.
- 2. **Name of Establishment** provide the full name of the establishment.
- 3. Location provide location of establishment to include street number, street name, city/town, state, and zip code.
- 4. **Mailing Address** provide mailing address if different than establishment location.
- 5. **Telephone # of Establishment** provide the on-site telephone number for the establishment.
- 6. **Emergency Contact Telephone Number** provide telephone number for individual who should be contacted in an emergency.
- 7. **Business Fax Number -** for faxing information.
- 8. **Email Address** provide Email address if available.
- 9. Name of Person in Charge at Establishment provide the name of the individual who is in charge at the establishment.
- 10. **Previous Business Name of this location, if applicable** provide the previous name of the business of this location in the case of a change of ownership or a new location.
- 11. **Type of Ownership** check the appropriate ownership type of the establishment, if other please specify.
- 12. Type of License check the appropriate license type that you are applying for. If "New Establishment" check Plan Review Requirements.
- 13. Current Establishment # provide current establishment number if known, otherwise please leave blank.
- 14. **Current License** # provide current license number if known, otherwise please leave blank.
- 15. **Seating Count** provide total indoor seating count for establishment.
- 16. Schedule of Operation provide hours, days, and weeks per year this establishment will operate.
- 17. **EPA Number** water results sampling number.
- 18. **Town Water/Town Wastewater** circle "Yes" if establishment has town water or wastewater, "No" if it does not. If "No" check water and wastewater requirements.
- 19. Class of License check highest class and class category. Example; ⊠ Class C, ⊠ FE with 25-99 seats (3-3).
 - Class A (\$875) Includes food establishments, which commercially process more than 100,000 units of food/year and food service establishments with more than 199 seats.
 - Class B (\$450) Includes retail food stores with more than 2 prep areas; food service establishments with 100 to 198 seats; and commercial fish processors.
 - Class C (\$350) Includes retail food stores with 1 to 2 prep areas; caterers serving food off site; food service establishments with 25 to 99 seats; bars/lounges that serve alcohol with food prep area; food service establishments which commercially process less than 100,000 units of food/year; and packagers of potentially hazardous food.
 - Class D (\$225) Includes food service establishments with 0 to 24 seats including but not limited to bakeries; packagers of non-potentially hazardous bulk food; level 2 homestead kitchens with gross annual sales greater than \$5,000; fraternities and sororities (except those where members prepare their own food).
 - Class E (\$175) Includes bed and breakfasts and other lodging facilities serving continental breakfasts; mobile units which cook food; vehicles used for retail sale of food including but not limited to shrimp and fish; food stores that allow self-service of coffee, hot dogs, soft drinks and soft serve; and ice cream vendors which scoop ice cream.
 - Class F (\$150) Includes home delivery services of packaged potentially hazardous foods including but not limited to pizza, ice cream, meat and poultry; mobile food units including but not limited to those serving pre-packaged food and non-potentially hazardous unwrapped foods only; retail food stores with no food prep areas; wholesaler/distributors of food; on site vending machines which serve potentially hazardous food; and bakeries which do not serve potentially hazardous food and have 0 seats.
 - Class G (\$100) Includes bars/lounges that serve alcohol; canteen/theater concessions; ice cream vendors servicing prepackaged ice cream; institutions; senior meal sites; and sellers of prepackaged frozen meat or poultry.
 - Class H (\$50) Includes level 1 homestead kitchens with gross annual sales of \$5000 or less. This is now an annual fee.
 - Class O (\$100) Includes cafeterias operated in private schools, colleges, universities, and state-run schools. There is no charge for municipality operated cafeterias.
- 20. **Signature** provide original signature of establishment's legal owner.
- 21. **Title** provide title of establishment's legal owner signing application.
- 22. **Printed Name** print full name of establishment's legal owner signing application.
- 23. **Date** provide current date.

Application For Annual Food Service License

SUBMITTING YOUR APPLICATION

- 1. Payment, payable to "Treasurer, State of New Hampshire", must accompany application. Payments are non-refundable and non-transferable.
- 2. Incomplete or illegible applications or applications not accompanied by payment, water test results, product list, or any other applicable attachments, will be returned.
- 3. **For "New", "Change of Ownership" or "Change in License Class" applications.** Thirty (30) days after forwarding this application with all the required applicable paperwork to the Food Protection Section, call (603) 271-4589 to leave a message for your inspector to arrange for an inspection of your facility. (Please allow seven (7) business days notice for inspection appointment)
- 4. Completed application(s) should be forwarded to the Food Protection Section, 29 Hazen Drive, Concord, NH 03301.

For additional information or for further assistance, please contact the NH Department of Health and Human Services, Division of Public Health Services, Food Protection Section at (603) 271-4589.

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY							
Date Received Plan Review Plan Re		lan Review Check#	HeP-2300 Audit #				
Check Amount	Check#	Prov Date	S	R	Final Date	S	
NH Department of Health & Hurr Food Protection Section	nan Services	2				Rev. 11/09	