



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
FOOD PROTECTION SECTION
 29 HAZEN DRIVE, CONCORD, NH 03301-6503
 603-271-4589 FAX: 603-271-4859 TDD Access: 1-800-735-2964
 Website: www.dhhs.nh.gov E-mail: foodprotection@dhhs.state.nh.us

APPLICATION FOR ANNUAL FOOD SERVICE LICENSE

¹Full Legal Name of Corporation, LLC or Owner(s) _____

²Name of Establishment _____

³Location (Street) _____ (Town, State) _____ (Zip) _____

⁴Mailing Address (if different) _____ (Town, State) _____ (Zip) _____

⁵Telephone # of Establishment (_____) _____ ⁶Emergency Contact Telephone # (_____) _____

⁷Fax # (_____) _____ ⁸Email Address _____

⁹Name of Person in Charge at Establishment _____

¹⁰Schedule of Operation _____

¹¹Previous Business Name of Establishment _____

¹²Renting/Space Sharing with another licensee? No Yes(enter name) _____

¹³Type of Ownership _____ ¹⁴Type of License _____ ¹⁵Current Establishment # _____

- Sole Proprietorship
- Joint Venture
- Partnership
- Corporation
- Limited Liability
- Other (Specify) _____

- New Establishment
- Change in License Class
- Change of Ownership
- Renewal

- ¹⁶Current License # _____
- ¹⁷Town Water Yes or No _____
- ¹⁷Town Wastewater Yes or No _____
- ¹⁸Number of Seats (indoor) _____
- ¹⁹Public Water System/(EPA) _____

²⁰Class of License - check highest class and class category

- Class A (\$875)**
 - food establishment (FE) with 200 seats or more (2)
 - retail food store with 4 or more prep areas (3)
- Class B (\$450)**
 - retail food store with 2-3 food prep areas (1)
 - FE with 100-199 seats (2)
- Class C (\$350)**
 - retail food store with one food prep area (1)
 - caterers off-site (2)
 - FE with 25-99 seats (3)
 - bar/lounges with food prep area (4)
- Class D (\$225)**
 - FE with 0-24 seats (including but not limited to bakeries) (1)
 - fraternities and sororities (2)
 - retail food store – self services (4)
 - servicing areas (6)
- Class E (\$175)**
 - bed and breakfast (1)
 - ice cream vendors - scooping (2)
 - lodging facilities serving continental breakfast (3)

- Class F (\$150)**
 - retail food store - no food prep area (3)
 - wholesalers/distributors TCS food (4)
 - on-site vending machines - serving TCS food (5)
 - bakeries which do not serve TCS food / 0 seats (6)
- Class G (\$100)**
 - bar/lounges with no food prep area that serve alcohol (1)
 - arena/theater concessions serving non-TCS food (2)
 - retail food stores serving pre-packaged ice cream only (3)
 - institutions including state, county and municipal institutions (4)
 - private schools (5)
 - senior meal sites (6)
 - sellers of prepackaged frozen USDA meat or poultry (7)
- Class O (No Charge)**
 - municipality operated school cafeterias.

Definitions
FE-Food Establishment TCS-Time/Temperature Control for food safety

* **Submit all Supporting documentation. Incomplete applications will be returned.**

²¹ All applications-Written results of laboratory analysis of water for bacteria, nitrates and nitrites. (n/a if Town Water)

²¹ New applications only: Floor Plan –Include additional \$75.00 review fee. See Application Form PRAPP 01-01-11.

²¹ New/Change of Ownership: applications-Septic Approvals for Construction and Approvals for Operation.(n/a if Town Wastewater)

I, (print name & title)^{22,23} _____, certify that all information provided in or attached to this application is complete, accurate and up-to-date as of the date specified below. I further certify that there are no willful misrepresentations of the answers to questions herein, and that I have made no omissions with respect to any of my answers to the questions presented. I understand that it is my responsibility to immediately notify the Food Protection Section with regard to any changes, corrections or updates to the information provided.

SIGNATURE OF APPLICANT: ²⁴ _____ DATE OF APPLICATION: ²⁵ _____

-----DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY-----

Date Received _____ Check # _____ Check Amount _____ Plan Review Plan Review Check # _____

Provisional Date _____ S _____ R _____ Final Date _____ S _____ Audit# _____

**INSTRUCTIONS FOR COMPLETING
APPLICATION FOR FOOD SERVICE LICENSE**

Please fill in all blanks, if not applicable enter "NA", except steps 14 and 15 (leave blank if not known).

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. **Schedule of Operation**-provide hours,days, and weeks per year this establishment will operate.
11. **Previous Business Name of Location** - provide the previous name of establishment.
12. **Renting/Space Sharing**-if yes, indicate name and location of other licensee.
13. **Type of Ownership** - check the appropriate ownership type of the establishment, if other please specify.
14. **Type of License** - check the appropriate license type that you are applying for.
15. **Current Establishment #** - provide current establishment number if known, otherwise please leave blank.
16. **Current License #** - provide current license number if known, otherwise please leave blank.
17. **Town Water/Town Wastewater** - circle "Yes" if establishment has town water or wastewater, "No" if it does not. If "No" refer to water and wastewater requirements document.
18. **Seating Count** – provide total number of indoor seats for the establishment.
19. **Public Water System/(EPA) Number** – water results sampling number, if applicable.
20. **Class of License** - check highest class and class category. Example; Class A FE w/200 seats or more.
21. **Requirements** - check each item applicable and submit supporting documentation.
22. **Printed Name** - print full name of establishment's legal owner signing application or officer of legal owner who applies for the license.
23. **Title** - provide title of establishment's applicant.
24. **Signature** - provide original signature of establishment's applicant.
25. **Date** - provide current date.

Please note, there are sixteen Self-Inspecting Cities/Towns in the state of NH, in which case you will need to contact directly for licensing if the food establishment is located in those areas. They are: Bedford, Berlin, Claremont, Concord, Derry, Dover, Epsom, Exeter, Keene, Manchester, Merrimack, Nashua, Plaistow, Portsmouth, Rochester and Salem. For contact information, please refer to www.dhhs.state.nh.us.

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. Completed application(s) should be forwarded to the Food Protection Section, 29 Hazen Drive, Concord, NH 03301.
3. **For "Change in License Class, New or Change of Ownership" 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)**

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 or foodprotection@dhhs.state.nh.us.