



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES



MAIL TO: BUREAU OF FINANCE/RECEIPTS UNIT – FOOD PROTECTION
129 PLEASANT ST, CONCORD, NH 03301
603-271-4589 FAX: 603-271-4859 TDD Access: 1-800-735-2964
Website: www.dhhs.nh.gov E-mail: dhhs.foodprotection@dhhs.nh.gov

APPLICATION FOR FOOD ESTABLISHMENT FLOOR PLAN REVIEW

Dear Food Service Owner/Operator:

The review of the plans and specifications for a food establishment is designed to help you construct a facility that meets the requirements of *He-P 2300, The New Hampshire Rules for the Sanitary Production and Distribution of Food*. Each application is reviewed individually as the specific requirements for the amount of refrigeration, storage space and number of sinks is based on the amount of food being prepared and nature of the food operation. The feedback on the plans and specifications is conducted based upon the analysis of the information provided in the application

A plan review is required for all new food establishments, existing structures that are being converted into food establishments, and remodeled food establishments.

Please read and fill out the following application and form completely before re submittal of your information . Take special note that *a menu and one copy of the schematic drawings are required*. An application that is incomplete, illegible or does not meet requirements may be returned. Any changes to the plan subsequent to the review shall require written approval before the change can be made.

For additional information on the NH Food Rules or for further assistance, contact the Food Protection Section at (603) 271-4589 or via e-mail at dhhs.foodprotection@dhhs.nh.gov

Best,

Robert Allen
Department of Health and Human
Services Food Protection Section
robert.allen@dhhs.nh.gov



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**MAIL TO: BUREAU OF FINANCE/RECEIPTS UNIT – FOOD PROTECTION
129 PLEASANT ST, CONCORD, NH 03301
603-271-4589 FAX: 603-271-4859 TDD Access: 1-800-735-2964
Website: www.dhhs.nh.gov E-mail: dhhs.foodprotection@dhhs.nh.gov**

FOOD ESTABLISHMENT FLOOR PLAN REVIEW APPLICATION

RS-405263

TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Relocation <input type="checkbox"/> Addition <input type="checkbox"/> Conversion	Projected Start Date: _____ Projected Completion Date: _____
--	---

TYPE OF FOOD OPERATION: <input type="checkbox"/> Restaurant <input type="checkbox"/> Institution/School <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Food Processing Plant <input type="checkbox"/> Mobile Food Unit <input type="checkbox"/> Other: _____

FOOD ESTABLISHMENT INFORMATION

Name of Establishment: _____			
-------------------------------------	--	--	--

Establishment Address: _____	City: _____	State: _____	ZIP: _____
-------------------------------------	--------------------	---------------------	-------------------

FOOD ESTABLISHMENT - OWNERSHIP INFORMATION

Name of Owner: _____			
-----------------------------	--	--	--

Address: _____	City: _____	State: _____	ZIP: _____
-----------------------	--------------------	---------------------	-------------------

Email: _____	Phone Number: _____
---------------------	----------------------------

APPLICANT INFORMATION (e.g. OWNER/ARCHITECT/ENGINEER) *if different than owner

Applicant Name: _____			
------------------------------	--	--	--

Applicant Mailing Address: _____	City: _____	State: _____	ZIP: _____
---	--------------------	---------------------	-------------------

Email: _____	Phone Number: _____
---------------------	----------------------------

FOOD OPERATION INFORMATION

Food Establishment Seating Capacity # of Indoor Seats: _____ # of Outdoor Seats: _____ Square Feet of Facility: _____	Type of Service (check all that apply) <input type="checkbox"/> On-site consumption <input type="checkbox"/> Off-site consumption <input type="checkbox"/> Catering <input type="checkbox"/> Single-use utensils <input type="checkbox"/> Multi-use utensils <input type="checkbox"/> Other: _____	Number of Food Employees Max per shift: _____ Maximum meals to be served (estimated) <input type="checkbox"/> Breakfast _____ <input type="checkbox"/> Lunch _____ <input type="checkbox"/> Dinner _____ <input type="checkbox"/> Other _____
--	---	---

REQUIRED DOCUMENTS

<p>The following documents must be submitted along with this application:</p> <input type="checkbox"/> Proposed menu (draft acceptable) or complete list of food and beverages to be offered <input type="checkbox"/> Food Establishment Floor Plan, drawn to scale, which includes applicable items below: <table style="width:100%; margin-left: 20px;"> <tr> <td>-food preparation areas</td> <td>-office</td> <td>-warewashing area</td> </tr> <tr> <td>-serving and seating areas</td> <td>-changing rooms</td> <td>-janitorial and trash areas</td> </tr> <tr> <td>-restrooms</td> <td>-storage areas</td> <td>-location of any outside equipment or facilities</td> </tr> </table> <ul style="list-style-type: none"> • Refrigeration, which shall be commercial grade refrigeration only. • Equipment layout and specifications, clearly numbered and cross-keyed with the equipment list. • Identify handwashing, food preparation, three compartment and service sinks. <input type="checkbox"/> Food Operation Questionnaire	-food preparation areas	-office	-warewashing area	-serving and seating areas	-changing rooms	-janitorial and trash areas	-restrooms	-storage areas	-location of any outside equipment or facilities
-food preparation areas	-office	-warewashing area							
-serving and seating areas	-changing rooms	-janitorial and trash areas							
-restrooms	-storage areas	-location of any outside equipment or facilities							

FOOD OPERATION QUESTIONNAIRE

To assist with plan review process, please provide answers to the questions below.

PHYSICAL FACILITIES

Handwashing:

Indicate number and locations of handsinks:

Warewashing Facilites:

Identify the length, width and depth of the three-compartment sink:

Manual Warewashing:

What type of sanitizer will be used?

Chlorine Iodine Quaternary Ammonium Hot Water Other (Specify) _____

Mechanical Warewashing *(please note above manual warewashing back up for three bay sink)

Will a warewashing machine be used? Yes No

If mechanically warewashing, what type of sanitization will be used? Chemical Hot Water

Service Sink:

Location and size of service (mop) sink:

Backflow Prevention:

Will you use a chemical feed system at your service sink and /or three compartment sink? Yes No

Will all potable water sources be protected for backflow? Yes No

Toilet Facilities:

Identify locations and numbers of toilet facilities:

Are all toilet room doors self-closing where applicable? Yes No

Poisonous/Cleaning Storage:

Identify the location and storage of poisonous or toxic materials:

Where will cleaning and sanitizing supplies be stored at work stations?

How will these be separated from food and food contact surfaces?

Pest Control:

Will you use a Pest Control Service? Yes NO N/A (mobile unit only)

If yes, company name _____

Will all outer openings be protected against the entry of insects and rodents by:

Filling or closing holes and gaps along floors walls and ceilings Yes No

Installing closed, tight fitting windows Yes No

Installing solid self-closing, tight fitting doors Yes No

Screens provided for all entrances left open to the outside Yes No

Refuse:

Will a dumpster or compactor be used? Yes No

Is the dumpster or compactor located on concrete or asphalt and sloped to drain? Yes No

Miscellaneous:

Does and part of you facility open directly into any part of a living or sleeping quarters? Yes No

EQUIPMENT

Will refrigeration used for Time/Temperature Control for Safety (TCS) foods be commercially rated?

Yes No

***NOTE: Coolbot® control systems shall not be an acceptable means to cold hold TCS (time/temperature control for safety) foods. Equipment and utensils shall be designed and constructed to be durable and retain their characteristic qualities under normal use conditions.**

If ice bins are being used, are the cold plates integrated? Yes No

Will drain boards, utensil racks, or tables large enough to accommodate soiled and clean items be provided for holding before cleaning and after sanitizing? Yes No

FOOD/FOOD PREPARATION

Will "Time as a Public Health Control" be used for TCS hot or cold held foods? Yes No

Do you intend to use a "Non-Continuous Cook" method? Yes No

Will raw animal food(s) be offered to the public in an undercooked form? Yes No

Will any of the following specialized process being used? Yes No

If YES, indicate which processes will be used:

- Curing
- Acidification (Sushi Rice)
- Reduced Oxygen Packaging (i.e. Vacuum)
- Sous Vide
- Cook/Chill
- Smoking (for preservation)
- Sprouting Beans
- Other

Explain checked processes:

See page 1 for a list of required documents to be sent with this application and \$75 fee, made payable to Treasurer, State of New Hampshire.

Application shall be sent to: Bureau of Finance/Receipts Unit-Food Protection, 129 Pleasant St, Concord, NH 03301. I, (print name & title _____), 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.

Applicant Signature _____

Application Date: _____



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

MAIL TO: BUREAU OF FINANCE/RECEIPTS UNIT - FOOD PROTECTION
129 PLEASANT STREET, CONCORD, NH 03301
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 MOBILE FOOD UNIT LICENSE

NOTE: See Reverse for Instructions.

RS-405263

1 Full Legal Name of Corporation, LLC or Owner(s)
2 Name of Establishment
3 Location (Street) (Town, State) (Zip)
4 Mailing Address (if different) (Town, State) (Zip)
5 Telephone # of Establishment Emergency Contact Telephone #
7 Email Address

8 Name of Person in Charge at Establishment

9 Schedule of Operation

10 Type of Ownership: Sole Proprietorship, Corporation, Partnership, Other (Specify)
11 Type of License: New Establishment, Change in License Class, Change of Ownership, Joint Venture, Limited Liability
12 Town Water Yes or No
12 Town Wastewater Yes or No
13 Public Water System/(EPA) #

14 Cook Unit: units which cook/prepare food or distribute refrigerated food
Class D (\$225)

14 Home Delivery: packaged or frozen food
Class F (\$150)

14 Pushcart & Other Mobile Food Units: including but not limited to those serving packaged foods & non-TCS foods only
Class F (\$150)

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

Table with 3 columns and 5 rows for supporting documentation requirements:
- 15 New-(Class D only): Floor Plan (see form # PRAPP 07-01-15) and \$75.00 review fee.
- 15 New and Renewal: Written results of laboratory analysis of water for bacteria, nitrates and nitrites.
- 15 Servicing area: If using a servicing area, please provide a copy of the food license for the servicing area.
- 15 Copy of full menu to be served.
- 15 Projected route.

Registration(s)

Vehicle/Trailer Make Model VIN
Year of Manufacture Color State MV Registration
Vehicle/Trailer Make Model VIN
Year of Manufacture Color State MV Registration

I, (print name & title)16,17, 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: 18 DATE OF APPLICATION: 19

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

Date Received Check # Check Amount Plan Review Plan Review Check#
Provisional Date Final Date Audit # FP Ldb Scn E/H
NH Department of Health & Human Services, Food Protection Section
Form MFAPP (August 2019)

**INSTRUCTIONS FOR COMPLETING
APPLICATION FOR MOBILE FOOD UNIT LICENSE**

Please fill in all blanks, if not applicable enter "NA".

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. **Email Address** – provide Email address.
8. **Name of Person in Charge at Establishment** - provide the name of the individual who is in charge at the establishment.
9. **Schedule of Operation**-provide hours, days, and weeks per year this establishment will operate.
10. **Type of Ownership** - check the appropriate ownership type of the establishment, if other please specify.
11. **Type of License** - check the appropriate license type that you are applying for.
12. **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.
13. **Public Water System/(EPA) Number** – water results sampling number, if applicable.
14. **Class of License** - check highest class and class category. Example; Class D-units which cook/prepare food.
15. **Requirements** – check each item applicable and submit supporting documentation.
16. **Printed Name** - print full name of establishment's legal owner signing application or officer of legal owner who applies for the license.
17. **Title** - provide title of establishment's applicant.
18. **Signature** - provide original signature of establishment's applicant.
19. **Date** - provide current date.

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

SUBMITTING YOUR APPLICATION

1. Payment shall be made in the form of a check or money order, payable to "Treasurer, State of New Hampshire", and 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 Bureau of Finance/Receipts Unit-Food Protection, 129 Pleasant St, 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 dhhs,foodprotection@dhhs.nh.gov.



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

MAILTO: BUREAU OF FINANCE/RECEIPTS UNIT-FOOD PROTECTION
129 PLEASANT ST, CONCORD, NH 03301
603-271-4589 FAX: 603-271-4859 TDD Access: 1-800-735-2964
Website: www.dhhs.nh.gov E-mail: dhhs.foodprotection@dhhs.nh.gov

RS-405263

APPLICATION FOR NEW HOMESTEAD FOOD OPERATION LICENSE

NOTE: Do not use this application for license renewals or exempt homestead food operations.

SUBMIT APPLICATION AT LEAST 30 DAYS PRIOR TO PLANNED START OF OPERATION

If offering food from own residence, owner's farmstand, at a farmers' market, or to a retail food store-no license is required. Foods that require refrigeration, potentially hazardous foods and acidified foods such as pickles, relishes, salsa are prohibited from being made in the residential kitchen.

Name of Establishment _____

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

Please note: For Food Establishments located in Bedford, Berlin, Claremont, Concord, Derry, Dover, Exeter, Keene, Manchester, Merrimack, Nashua, Plaistow, Portsmouth, Rochester or Salem-these are self-inspecting communities, which means only the local authority issues the food license. Contact information for self inspecting cities and towns is available at www.dhhs.nh.gov.

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

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

Type of Ownership:
[] Sole Proprietorship [] Corporation [] Joint Venture [] Limited Liability [] Partnership [] Other (Specify)

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

Email Address _____ Name of Person in Charge at Establishment _____

I, (print name & title) _____, 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.

[] I understand that I must contact my assigned inspector to schedule a pre-opening inspection prior to operating

SIGNATURE OF APPLICANT: _____ DATE OF APPLICATION: _____

- [] \$150 Food License Fee, Payment, payable to "Treasurer, State of New Hampshire," must accompany application. Payments are non-refundable and non-transferable.
[] Supporting documents (see page 2 for supporting documentation requirements).

-----DO NOT WRITE BELOW THIS LINE-FOR OFFICE USE ONLY-----
Date Received _____ License Fee Invoice _____ Plan Review Invoice # _____
NH Department of Health & Human Services, Food Protection Section Form
HAPP February 2024

Supporting Documents

Review the following questions to determine if supporting documents are required with your food license application. Incomplete applications will be rejected.

Water Supply: Is the water source for food establishment from a Town System or a Public Water System (PWS)?

Yes or No If using a public water system, please provide the PWS ID # _____

- If you have selected No**, because you are on a private well, you must include with the application:
Written results of laboratory analysis of water for bacteria, nitrates and nitrites- dated within the last six months.
- On a separate piece of paper, please submit a complete list of the product(s) you are manufacturing. Be specific, for example if you are making cookies, list each kind you make.** Add new products by submitting an amended list at that time.
- Check if applicable.** “My jams and jellies are made using the standardized recipes on [http:// nchfp.uga.edu/](http://nchfp.uga.edu/) or http://nchfp.uga.edu/how/can7_jam_jelly.html!
- For other processed, “jarred” foods, such as, but not limited to: BBQ and hot sauces, mustards, pepper jellies, etc., include a copy of the process review.** For a list of food processing authorities, refer to <https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents/2021-11/fp-processing-faqs.pdf>
- Copy of a sample of finished product labels. Labels must include all of the following information.**
 - The common or usual name of the product.
 - The name and address of the manufacturer’s, packer’s, or distributor’s business.
 - The ingredients in descending order of predominance by weight.
 - The net weight, volume, or numerical count in both U.S. customary and metric;
 - A product code which includes date of manufacture, container size, and product lot or batch number to aid in a recall of product in case of a public health hazard. Note: this number *may* be your “baked on” date.
 - List of major allergens.
 - Homesteads shall label each product with the following statement: ***“This product is made in a residential kitchen licensed by NHDHHS.”***

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, or any other applicable attachments, will be returned. Completed application(s) should be forwarded to Bureau of Finance/Receipts Unit-Food Protection, 129 Pleasant St, Concord, NH 03301.
3. Once your application has been processed, you will receive an email from us with your inspector’s contact information so that you may schedule a licensing inspection.

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 dhhs.foodprotection@dhhs.nh.gov



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**MAIL TO: BUREAU OF FINANCE/RECEIPTS UNIT-FOOD PROTECTION
129 PLEASANT ST, CONCORD, NH 03301
Telephone: 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 PROCESSING PLANT LICENSE

RS-405263

NOTE: See Reverse for Instructions.

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 # (____) _____

⁷Email Address _____

⁸Name of Person in Charge at Establishment _____

⁹Schedule of Operation _____

¹⁰Renting/Space Sharing with another licensee? No Yes (enter name) _____

¹¹Type of Ownership Sole Proprietorship Partnership Corporation Other (Specify) _____

¹²Type of License New Establishment Change in License Class Change of Ownership Joint Venture Limited Liability

¹³Town Water Yes or No ¹³Town Wastewater Yes or No ¹⁴Public Water System/(EPA) # _____

¹⁵Commercially Processing More than 100,000 packages of food/year
 Class A (\$875)

¹⁵Commercially Processing Less than 100,000 packages of Time/temp control food/year
 Class C (\$350)

¹⁵Commercially Processing or Packaging of Non-Time/Temp Control for Safety Bulk Food
 Class G (\$100)

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

<input type="checkbox"/>	¹⁶ New and Renewal: Please submit a complete product list.
<input type="checkbox"/>	¹⁶ New and Renewal: Copies of product testing results, if applicable.
<input type="checkbox"/>	¹⁶ New and Renewal: Please submit a copy of a sample of finished product labels per He-P 2309.04. <ul style="list-style-type: none"> The common or usual name of the product. The name and address of the manufacturer's, packer's, or distributor's business. The ingredients in descending order of predominance by weight. The net weight, volume, or numerical count in both U.S. customary and metric; Known allergens A product code which includes date of manufacture, container size, and product lot or batch number to aid in a recall of product in case of a public health hazard.
<input type="checkbox"/>	¹⁶ New and Renewal: Written results of laboratory water for bacteria, nitrates and nitrites.(n/a if Town water or Public Water System)
<input type="checkbox"/>	¹⁶ New only: HACCP Plan
<input type="checkbox"/>	¹⁶ New only: Floor Plan-Include additional \$75.00 review fee. See Application Form PRAPP 07-01-15.
<input type="checkbox"/>	¹⁶ New only: Septic Approval for Construction or Approval for Operation if on private septic system.(n/a if Town Wastewater)

I, (print name & title)^{17, 18} _____, 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:¹⁹ _____ DATE OF APPLICATION:²⁰ _____

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

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

Provisional Date _____ Final Date _____ Audit # _____ FP _____ Ldb _____ Scn _____ E / H _____

NH Department of Health & Human Services, Food Protection Section
Form FPAPP (August 2019)

pg 1

**INSTRUCTIONS FOR COMPLETING
APPLICATION FOR FOOD PROCESSING PLANT LICENSE**

Please fill in all blanks, if not applicable enter "NA".

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
7. **Email Address** - provide Email address.
8. **Name of Person in Charge at Establishment** - provide the name of the individual who is in charge at the establishment.
9. **Schedule of Operation**-provide hours,days, and weeks per year this establishment will operate.
10. **Renting/Space Sharing**-if yes, indicate name and location of other licensee.
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.
13. **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.
14. **Public Water System/(EPA) Number** – water results sampling number, if applicable.
15. **Class of License** - check highest class and class category. Example; Class A More than 100,000 packages of food/year.
16. **Requirements** – check each item applicable and submit supporting documentation.
17. **Printed Name** - print full name of establishment's legal owner signing application or officer of legal owner who applies for the license.
18. **Title** - provide title of establishment's applicant.
19. **Signature** - provide original signature of establishment's applicant.
20. **Date** - provide current date.

Contact NH Public Health Laboratories at 603-271-4661 for information on pH and water activity testing.

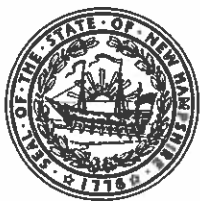
For a list of food processing authorities, refer to www.dhhs.nh.gov.

Please note, there are fifteen Self-Inspecting Cities/Towns in the state of NH, in which case you will need to contact directly for licensing if food establishment is located in one of those areas. They are: Bedford, Berlin, Claremont, Concord, Derry, Dover, 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 shall be made in the form of a check or money order, payable to "Treasurer, State of New Hampshire", and 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 Bureau of Finance/Receipts Unit-Food Protection, 129 Pleasant St, 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 dhhs.foodprotection@dhhs.nh.gov.



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

MAILTO: BUREAU OF FINANCE/RECEIPTS UNIT-FOOD PROTECTION
129 PLEASANT ST, CONCORD, NH 03301
603-271-4589 FAX: 603-271-4859 TDD Access: 1-800-735-2964
Website: www.dhhs.nh.gov E-mail: dhhs.foodprotection@dhhs.nh.gov

APPLICATION FOR NEW, CHANGE OF OWNERSHIP, CHANGE IN LICENSE CLASS
FOOD SERVICE LICENSE

RS-405263

NOTE: Do not use this application for license renewals.
SUBMIT APPLICATION AT LEAST 30 DAYS PRIOR TO PLANNED START OF OPERATION

Name of Establishment _____

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

Please note: For Food Establishments located in Bedford, Berlin, Claremont, Concord, Derry, Dover, Exeter, Keene, Manchester, Merrimack, Nashua, Plaistow, Portsmouth, Rochester or Salem-these are self-inspecting communities, which means only the local authority issues the food license. Contact information for self inspecting cities and towns is available at www.dhhs.nh.gov.

Mailing Address (if different from location) _____ (Town, State) (Zip) _____

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

Type of Ownership:

[] Sole Proprietorship [] Corporation [] Joint Venture [] Limited Liability [] Partnership [] Other (Specify)

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

Email Address _____ Name of Person in Charge at Establishment _____

Schedule of Operation- provide hours, days, and weeks per year this establishment operates

Previous Name of Business Operating at this Location _____

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

Number of Seats (indoor) _____

Type of License [] New Establishment [] Change in License Class [] Change of Ownership

Supporting Documents

Review the following questions to determine if supporting documents are required with your food license application. Incomplete applications will be rejected.

1. Plan Review Requirement: Is this a new food establishment or are renovations being made to the food preparation area? Yes or No

[] If you have selected Yes, then a Floor Plan Application and \$75 review fee must be submitted with the food license application. This is a separate application and may be accessed at https://www.dhhs.nh.gov/programs-services/environmental-health-and-you/food-protection/submit-floor-plan-review

Please note: Floor Plans are not required for the following license categories: retail stores w/no food prep area; on-site vending machines serving TCS food; sellers of prepackaged frozen USDA meat or poultry; bed & breakfasts

Water Supply: Is the water source for food establishment from a Town System or a Public Water System (PWS)?

Yes or No If using a public water system, please provide the PWS ID # _____

- If you have selected No, because you are on a private well, you must include with the application:

Written results of laboratory analysis of water for bacteria, nitrates and nitrites. dated within the last six months.

*Exception: The following license categories are not required to submit water test results: farm store, on-site vending machines/unattended markets, retail food stores serving pre-packaged ice cream, and sellers of pre-packaged frozen meat or poultry

Wastewater Supply: Is the establishment using a private septic system for wastewater management.? Yes or No

- If you have selected Yes, you must send the Approval for Construction and Approval for Operation for the Septic System with the application. Please contact the owner of the building (if different, than the license holder), your town hall office or the NH Department of Environmental Services (DES) Subsurface Bureau at 603-271-3501 to assist you.
Note: Please be sure the conditions listed on the approval for construction match your operations. If they do not match, you will need to contact DES and speak with the reviewer of the day for next steps.

*Exception: The following license categories are not required to submit septic documentation: bed and breakfasts, retail food stores with no food preparation, farm store, on-site vending machines/unattended markets, retail food stores serving pre-packaged ice cream, and sellers of pre-packaged frozen meat or poultry, institutions, schools, and senior meal sites

Class of License- check highest class and class category: * "TCS" means Time/Temperature Control for food safety

Restaurants, Bars/ Lounges/ Bakeries

CLASS	CATEGORY	DESCRIPTION	ANNUAL LICENSE FEE
<input type="checkbox"/> 16A2	Food establishment with 200 seats or more	Food establishment, restaurant, or bar where food is prepared food and has an indoor seating capacity of 200 or greater	\$875
<input type="checkbox"/> 16B2	Food establishment with 100-199 seats	Food establishment, restaurant, or bar where food is prepared food and has an indoor seating capacity between 100-199 seats	\$450
<input type="checkbox"/> 16C3	Food establishment with 25-99 seats	A food establishment, restaurant, or bar where food is prepared food and has an indoor seating capacity between 25-99 seats	\$350
<input type="checkbox"/> 16C4	Bar/lounges with food prep area	Bar/lounge/brewery with food preparation	\$350
<input type="checkbox"/> 16D1	Food establishment with 0-24 seats	Food establishment, restaurant, or bar where food is prepared food and has an indoor seating capacity between 0-24 seats	\$225
<input type="checkbox"/> 16F6	Bakeries which do not serve TCS food	Food establishment that offers non-TCS* bakery products only or other prepackaged foods or beverages	\$150
<input type="checkbox"/> 16G1	Bar/lounges with no food prep area that serve alcohol	Bar/lounge/brewery with no food preparation area-offers non-TCS foods only	\$100

Retail Food Stores

CLASS	CATEGORY	DESCRIPTION	ANNUAL LICENSE FEE
<input type="checkbox"/> 16A3	Retail food store with 4 or more food prep areas	Food store with four or more separate food prep areas-ie. bakery, deli, meat room, seafood room	\$875
<input type="checkbox"/> 16B1	Retail food store with 2-3 food prep areas	Food store with 2-3 separate food prep areas-ie. bakery, deli, meat room	\$450
<input type="checkbox"/> 16C1	Retail food store with one food prep area	Food store with 1 food prep area-ie. deli	\$350
<input type="checkbox"/> 16D4	Retail food store-self services	Food store that offers consumer self service items such as coffee, hot dogs or machine dispensed foods or beverages	\$225
<input type="checkbox"/> 16F3	Retail food store-no food prep area	Food store with no food preparation limited to cold holding of frozen or TCS* packaged foods; no coffee service	\$150
<input type="checkbox"/> 16F7	Farm store	Food store with no food preparation limited to cold holding of frozen or TCS* packaged local foods; no running water available	\$150
<input type="checkbox"/> 16G3	Retail food store servicing pre-package ice cream only	Food store limited to offering frozen, prepackaged ice cream	\$100

Other Food Establishments such as Schools, Institutions, Fraternities, Warehouses, Lodging, Concessions, Senior Meal Sites, Seller of Frozen Meat and Caterers-

CLASS	CATEGORY	DESCRIPTION	ANNUAL LICENSE FEE
<input type="checkbox"/> 16C2	Caterers off-site	Food operation that prepares meals in a commercial kitchen for service at an off-site location	\$350
<input type="checkbox"/> 16D2	Fraternities and sororities	Food operation that prepares meals for members of a fraternity or sorority	\$225
<input type="checkbox"/> 16D6	Servicing areas	Commercial space designed for food storage or warewashing in support of mobile food unit operation; no food preparation	\$225
<input type="checkbox"/> 16D7	Arena/theater serving TCS food	Sports or arts entertainment facility that prepares or offers TCS* food	\$225
<input type="checkbox"/> 16E1	Bed and breakfast	Lodging facility limited to serving in-house guests breakfast only by onsite innkeeper's kitchen	\$175
<input type="checkbox"/> 16E3	Lodging facilities serving continental breakfast	Lodging facility limited to offering in house guests cereal, baked goods, uncut fruit, juice and coffee ONLY, no cooked foods such as eggs	\$175
<input type="checkbox"/> 16F4	Wholesalers/distributors TCS food	Warehouse that holds TCS* foods for distribution to other food establishments	\$150
<input type="checkbox"/> 16F5	On-site vending machines or unattended markets-serving TCS food	Unattended retail food establishment where commercially prepackaged, time/temperature control for safety foods or ready-to-eat fruits and vegetables are offered for sale	\$150
<input type="checkbox"/> 16G2	Arena/theater concessions serving non-TCS food	Sports or arts entertainment facility that prepares or offers non-TCS* food	\$100
<input type="checkbox"/> 16G4	Institutions including state, county and municipal institutions	Food service operation in an institution such as a prison or other government facility	\$100
<input type="checkbox"/> 16G5	Private schools, schools with cafeteria operated by caterer	Food Service operation in a private school or in a public school operated by a caterer	\$100
<input type="checkbox"/> 16G6	Senior meal sites	Food service operation distributing meals to seniors	\$100
<input type="checkbox"/> 16G7	Sellers of prepackaged frozen USDA meat or poultry	Food operation limited to a freezer holding USDA meat or poultry for resale	\$100
<input type="checkbox"/> 16O1	Municipality operated school cafeterias	Food service in a school operated by the municipality	No Charge

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, or any other applicable attachments, will be returned. Completed application(s) should be forwarded to Bureau of Finance/Receipts Unit-Food Protection, 129 Pleasant St, Concord, NH 03301.
3. Once your application has been processed, you will receive an email from us with your inspector's contact information so that you may schedule a licensing inspection.

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 dhhs.foodprotection@dhhs.nh.gov

I, (print name & title) _____, 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.

I understand that I must contact my assigned inspector to schedule a pre-opening inspection prior to operating

SIGNATURE OF APPLICANT: _____ DATE OF APPLICATION: _____

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

Date Received _____ License Fee Invoice _____ Plan Review Invoice # _____