

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

Unclear: Is this supposed to be the form number? Form number in rule is different (FSAPP)

RS-405263

APPLICATION FOR NEW ANNUAL FOOD SERVICE LICENSE

NOTE: Do not use this application for license renewals. See Reverse for Instructions and Definitions.

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 () 6 Emergency Contact Telephone # ()

7 Email Address

8 Name of Person in Charge at Establishment

9 Schedule of Operation

10 Previous Name of Business Operating at this Location

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

12 Type of Ownership

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

13 Type of License

- New Establishment
Change in License Class
Change of Ownership

14 Town Water Yes or No

14 Town Wastewater Yes or No

15 Number of Seats (indoor)

16 Public Water System/(EPA)#

17 Class of License- check highest class and class category

- Class A (\$875)
food establishment (FE) with 200 seats or more
retail food store with 4 or more prep areas

- Class B (\$450)
retail food store with 2-3 food prep areas
FE with 100-199 seats

- Class C (\$350)
retail food store with one food prep area
caterers off-site
FE with 25-99 seats
bar/lounges with food prep area
cold storage/refrigerating warehouse

- Class D (\$225)
FE with 0-24 seats
fraternities and sororities
retail food store - self services
servicing areas
arena/theater serving TCS food

- Class E (\$175)
bed and breakfast
lodging facilities serving continental breakfast

- Class F (\$150)
retail food store - no food prep area
farm store - no food prep area/no water
wholesalers/distributors TCS food
on-site vending machines/unattended market - serving TCS food
bakeries which do not serve TCS food / 0 seats

- Class G (\$100)
bar/lounges with no food prep area that serve alcohol
arena/theater concessions serving non-TCS food
retail food stores serving pre-packaged ice cream only
institutions including state, county and municipal institutions
private schools; schools with cafeteria operated by caterer
senior meal sites
sellers of prepackaged frozen USDA meat or poultry

- Class O (No Charge)
municipality operated school cafeterias.

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

18 Septic Approval for Construction and Approvals for Operation. (n/a if on Town Wastewater)

18 Written results of laboratory analysis of water for bacteria, nitrates and nitrites. (n/a if on Town Water or Public Water System or for the following license categories: farm store, on-site vending machines/unattended market, retail food stores serving pre-packaged ice cream and sellers of prepackaged frozen USDA meat or poultry)

18 Floor Plan -Include additional \$75.00 review fee. See Application Form PRAPP 07-01-15. (n/a if there are no changes being made to a previously licensed food establishment or if in one of 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)

18 Menu: A proposed menu or list of food and beverages to be offered.

Unclear: Like comment in the rule, what happens when an item is changed? Do they have to send an updated menu?

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.

21 SIGNATURE OF APPLICANT: DATE OF APPLICATION: 22

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

Date Received License Fee Invoice # Plan Review Invoice #

DEFINITIONS

1. **“FE”** - Food Establishment
2. **“TCS”** – Time/Temperature Control for food safety.

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).

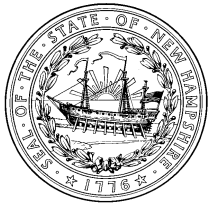
1. **Full Legal Name of Corporation or Owner** - provide the full legal name of the corporation or owner(s) of the establishment.
2. **Name of Establishment** - provide the full name of the establishment.
3. **Location** - provide location of establishment to include street number, street name, city/town, 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. **Email Address** - provide Email address if available.
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. **Previous Business Name of Location** - provide the previous name of establishment.
11. **Renting/Space Sharing**-if yes, indicate name and location of other licensee.
12. **Type of Ownership** - check the appropriate ownership type of the establishment, if other please specify.
13. **Type of License** - check the appropriate license type that you are applying for.
14. **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.
15. **Seating Count** – provide total number of indoor seats for the establishment.
16. **Public Water System/(EPA) Number** – water results sampling number, if applicable.
17. **Class of License** - check highest class and class category. Example; Class A FE w/200 seats or more.
18. **Requirements** - check each item applicable and submit supporting documentation.
19. **Printed Name** - print full name of establishment’s legal owner signing application or officer of legal owner who applies for the license.
20. **Title** - provide title of establishment’s applicant.
21. **Signature** - provide original signature of establishment’s applicant.
22. **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 the food establishment is located 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, 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. **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



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Edit: comma

APPLICATION FOR LICENSE FOR WILD MUSHROOM HARVESTERS, IDENTIFIERS AND DISTRIBUTORS

Licensee name _____

Note to Agency: Make sure this is the same name as is in He-P 2314.01 or include the form number

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

Telephone # of Establishment (_____) _____ Email Address _____

Check all that activities that apply to your operation: Identifier [] Harvester [] Distributor []

Check license class: Tier 1 [] Tier 2 []

Must submit with application:

- 1.) A proof of completion and passing an approved training for Wild Mushroom Harvesters specific to tier of desired license class
2.) \$75 fee-payable to Treasurer, State of New Hampshire

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 have verified all drivers are properly licensed in accordance with RSA 143. 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: _____ DATE OF APPLICATION: _____

-----DO NOT WRITE BELOW THIS LINE-FOR OFFICE USE ONLY-----
Date Received _____ Permit Fee Invoice # _____
Application for a Wild Harvested Mushroom License" (June 2022 Edition)

Edit: Move this down so that is a footer at the bottom of the page. See Drafting and Procedure Manual Page 123 Chapter 4 Section 3.14