



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: foodprotection@dhhs.state.nh.us

APPLICATION FOR OUT OF STATE PRODUCER
IN RESIDENTIAL, NON-COMMERCIAL KITCHENS REGISTRATION

RS-405263

NOTE: Payment to be in the form of a check or money order made payable to Treasurer State of NH.

RSA 143:29 Registration by Nonresident Vendors. No food produced in an out-of-state residential, non-commercial kitchen shall be sold or offered for sale within the state unless the same has first been registered by its manufacturer or by the manufacturer's agent with the department of health and human services. Such registration shall be in a form similar to that provided in RSA 143:11. A one-time registration fee of \$25.00 shall be paid to the department of health and human services by the manufacturer, importer, agent or vendor.

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 Fax # () 8 Email Address

9 Name of Person in Charge at Establishment

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

- 10 New only: \$25.00 registration fee
10 New and Renewal: A health certificate issued within the previous 12 months.
10 New and Renewal: A copy of most recent inspection.
10 New and Renewal: If no health certificates or inspections are required by your local regulations, please submit a letter from the local regulatory authority confirming the establishment is in compliance with all local regulation.
10 New and Renewal: Complete list of product(s). Attach additional sheet if necessary.
1. 2. 3.
4. 5. 6.

I, (print name & title) 11,12, 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: 13 DATE OF APPLICATION: 14

-----DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY-----
Date Received Check # Check Amount Registration Number
Date Reviewed Reviewed by Date Issued Audit #

**INSTRUCTIONS FOR COMPLETING
APPLICATION FOR OUT OF STATE PRODUCER
IN RESIDENTIAL, NON-COMMERCIAL KITCHENS REGISTRATION**

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. **Requirements** – check each item applicable and submit supporting documentation.
11. **Printed Name** - print full name of establishment’s legal owner signing application or officer of legal owner who applies for the license.
12. **Title** - provide title of establishment’s applicant.
13. **Signature** - provide original signature of establishment’s applicant.
14. **Date** - provide current date.

SUBMITTING YOUR APPLICATION

1. Payment, payable to “Treasurer, State of New Hampshire”, must accompany new applications. Payments are non-refundable and non-transferable.
2. Incomplete or illegible applications or applications not accompanied by payment, 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.

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.