



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 # _____