



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.

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

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

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

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

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

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

Table with 2 columns: checkbox and text. Rows include requirements for product list, testing results, product labels, laboratory water results, HACCP Plan, Floor Plan, and Septic Approval.

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.