



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

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 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 like Floor Plan, Laboratory analysis, Servicing area, etc.

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), 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: DATE OF APPLICATION:

-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

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.