



**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
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 HOMESTEAD LICENSE

RS-405263

NOTE: See Reverse for Instructions.

¹Full Legal Name of Corporation, LLC or Owner(s) _____

²Name of Establishment _____

³Location (Street) _____ (Town, State) _____ (Zip) _____

⁴Mailing Address (if different) _____ (Town, State) _____ (Zip) _____

⁵Telephone # of Establishment (_____) _____ ⁶Emergency Contact Telephone # (_____) _____

⁷Email Address _____

⁸Name of Person in Charge at Establishment _____

⁹Type of Ownership

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

¹⁰Type of License

- New Establishment
 Change in License Class

¹¹Town Water Yes or No

¹¹Town Wastewater Yes or No

¹²Public Water System/(EPA) # _____

¹³Homestead-Class H (\$150)

Offer food via Internet, to other food establishments/distributors excluding retail food stores, or gross sales greater than \$20,000 annually.

***If offering food from own residence, owner's farmstand, at a farmers' market, or to a retail food store and gross sales are under \$20,000-no license is required.**

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

¹⁴Written results of laboratory analysis of water for bacteria, nitrates and nitrites. (n/a if Town Water)

¹⁴On a separate piece of paper, please submit a complete list of the product(s) you are manufacturing. Be specific, for example if you are making cookies, list each kind you make. Add new products by submitting an amended list at that time.

¹⁴Check if applicable. "My jams and jellies are made using the standardized recipes on [http:// nchfp.uga.edu/](http://nchfp.uga.edu/) or http://nchfp.uga.edu/how/can7_jam_jelly.html

¹⁴Check if applicable. "I do not make my jams and jellies using the standardized recipes from the above websites", therefore I have included a copy of the process review for each recipe as required in He-P 2311.05.

¹⁴For other processed, "jarred" foods, such as, but not limited to: BBQ and hot sauces, mustards, pepper jellies, etc., include a copy of the process review. See reverse for information for process review.

¹⁴ Copy of a sample of finished product labels. Labels must include all of the following information.

- The common or usual name of the product.
- The name and address of the manufacturer's, packer's, or distributor's business.
- The ingredients in descending order of predominance by weight.
- The net weight, volume, or numerical count in both U.S. customary and metric;
- A product code which includes date of manufacture, container size, and product lot or batch number to aid in a recall of product in case of a public health hazard. Note: this number *can* be your "baked on" date.
- List of major allergens.
- Homesteads shall label each product with the following statement: "This product is made in a residential kitchen licensed by NHDHHS."

Note: Foods that require refrigeration, potentially hazardous foods and acidified foods such as pickles, relishes, salsa are prohibited from being made in the residential kitchen.

I, (print name & title)^{15,16} _____, 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: ¹⁷_____ DATE OF APPLICATION: ¹⁸_____

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

Date Received _____ Invoice# _____

NH Department of Health & Human Services, Food Protection Section

Form# HAPP 07-01-19

**INSTRUCTIONS FOR COMPLETING
APPLICATION FOR ANNUAL HOMESTEAD LICENSE**

Please fill in all blanks, if not applicable enter "NA", except steps 12 and 13 (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.
8. **Name of Person in Charge at Establishment** - provide the name of the individual who is in charge at the establishment.
9. **Type of Ownership** - check the appropriate ownership type of the establishment, if other please specify.
10. **Type of License** - check the appropriate license type that you are applying for.
11. **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.
12. **Public Water System/(EPA) Number** – water results sampling number, if applicable.
13. **Class of License** - check highest class and class category. Example; Class H Homestead.
14. **Requirements** – check each item applicable and submit supporting documentation.
15. **Printed Name** - print full name of establishment's legal owner signing application or officer of legal ownership who applies for the license.
16. **Title** - provide title of establishment's applicant.
17. **Signature** - provide original signature of establishment's applicant.
18. **Date** - provide current date.

For a list of food processing authorities, refer to <http://www.dhhs.nh.gov/dphs/fp/sanitation/documents/processing-faqs.pdf>.

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 you live 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.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 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 foodprotection@dhhs.nh.gov.