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

RS-405263

APPLICATION FOR NEW HOMESTEAD FOOD OPERATION LICENSE

NOTE: Do not use this application for license renewals or exempt homestead food operations.

SUBMIT APPLICATION AT LEAST 30 DAYS PRIOR TO PLANNED START OF OPERATION

If offering food from own residence, owner's farmstand, at a farmers' market, or to a retail food store-no license is required. Foods that require refrigeration, potentially hazardous foods and acidified foods such as pickles, relishes, salsa are prohibited from being made in the residential kitchen.

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) _____ (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** _____

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: _____

☐ $150 Food License Fee, **Payment, payable to "Treasurer, State of New Hampshire," must accompany application. Payments are non-refundable and non-transferable.**

☐ Supporting documents (see page 2 for supporting documentation requirements).

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

Date Received_____License Fee Invoice_____

Supporting Documents

Review the following questions to determine if supporting documents are required with your food license application. Incomplete applications will be rejected.

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.
- ☐ **On 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.**
- ☐ **Check if applicable. "My jams and jellies are made using the standardized recipes on http:// nchfp.uga.edu/ or http://nchfp.uga.edu/how/can7_jam_jelly.html**
- ☐ **For 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. For a list of food processing authorities, refer to https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents/2021-11/fp-processing-faqs.pdf**
- ☐ **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 *may* 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."***

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