

Application for Food Service Establishment License

Town of Derry, Public Health
14 Manning Street, Derry, NH 03038
Tel: (603) 845-5519
Fax: (603) 845-5129
www.derry-nh.org

OFFICE USE ONLY:

Date Received _____
Check Number _____
Amount Paid _____
Customer No. _____
License No. _____

NAME OF ESTABLISHMENT* _____ PHONE _____

*Copy of legal filings with the NH Secretary of State for your business name must be included with application.

ADDRESS OF ESTABLISHMENT _____

MAILING ADDRESS (If different) _____

ATTENTION _____

LEGAL NAME OF OWNER** _____

**If corporation or LLC, please give that name.

_____ PHONE _____

MANAGER _____ PHONE _____

EMERGENCY CONTACT NAME _____ PHONE _____

FEDERAL TAX ID, or SOCIAL SECURITY NUMBER If Sole Proprietorship _____

FOOD SERVICE ESTABLISHMENT LICENSE # (Renewal Application Only) _____

E-MAIL ADDRESS _____ FAX _____

Type of Ownership

- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Limited Liability Corporation | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Other |

Type of Application

- ☐ New Establishment
☐ Renewal
☐ Change of Ownership (Previous Owner: _____)
☐ Change of Location
☐ Change in License Type
☐ Change in Name of Establishment (Previous Name: _____)

Total Seating Capacity _____ (Indoor Only)

Menu Attached Yes _____ No _____ (required of all new and renewal applications)

Town Water? Yes _____ No _____ Date Last Test Conducted _____

Town Wastewater? Yes _____ No _____ EPA # (if applicable) _____

Schedule of Operation (List hours)

Monday _____ Friday _____
 Tuesday _____ Saturday _____
 Wednesday _____ Sunday _____
 Thursday _____ Weeks Per Year (Actual Dates) _____

Classification of Food Service Establishment License Fee(Please make checks payable to **Town of Derry**)

- ___ **Type 1:** Restaurants/Cafeterias with seating capacity of 200 persons or more; food processing plants selling more than 100,000 packages per year or retail food stores with 4 or more food preparation areas. \$500.00
- ___ **Type 2:** Restaurants/Cafeterias with seating capacity of 75 to 199 persons; retail food stores with 2 to 3 food preparation areas; hospitals. \$350.00
- ___ **Type 3:** Restaurants/Cafeterias with seating capacity of 25 to 74 persons; food processing plants selling less than 100,000 packages per year; caterers selling food off-site; bakeries; warehouses; flea markets; nursing homes; distributors; retail food stores with one food preparation area. \$215.00
- ___ **Type 4:** Establishments selling only prepackaged foods; cafeterias and food service establishments having a seating capacity of less than 25 persons; liquor lounges; bars; clubs; day-care facilities; seasonal produce stands; mobile food units that offer time/temperature control for safety (TCS) food; mobile unit servicing areas. \$145.00
- ___ **Type 5:** Temporary food establishments (not to exceed 14 days); flea market vendors; home food manufacturers; bed and breakfasts; lodging facilities serving continental breakfasts; home delivery services of packaged frozen food; wholesalers/distributors of TCS food; bakeries with no TCS food and no seats; sellers of pre-packaged frozen meat or poultry; vending machines, theater concessions and mobile units that offer non-TCS food. \$ 60.00
- ___ **Type 6:** Nonprofit organizations not holding a liquor license, including soup kitchens and senior meals; public and parochial schools and institutions; government facilities and Town (co)sponsored events. No Fee

PEST CONTROL PROGRAM

Pest Management Company _____

Address _____

Phone _____

SIGNATURE _____ TITLE _____

PRINT NAME _____ DATE _____

Licenses will not be issued unless this APPLICATION IS COMPLETED and the appropriate LICENSE FEE IS PAID. The application and fee must be submitted to the Public Health Department AT LEAST 30 DAYS prior to opening a new food service establishment, or expiration of the current license.