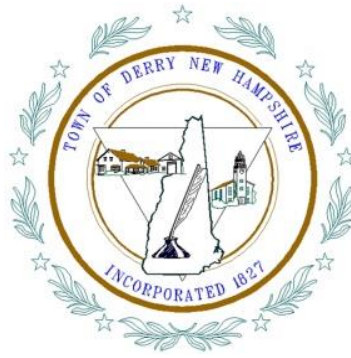


FOOD SERVICE ESTABLISHMENT LICENSE APPLICATION



**Town of Derry
Public Health
Department**
14 Manning Street
Derry, NH 03038
(603) 845-5519
www.derrynh.org

Please note:

1. Payment to "Town of Derry, NH" and a copy of legal filings with the NH Secretary of State's office must accompany the application. Payments are non-refundable and non-transferable.
2. Incomplete or illegible applications or not accompanied by payment, water test results, or any other applicable documents, will be returned.
3. For "Change in License Class, Establishment Remodel, 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) 845-5519 to leave a message for your inspector to arrange for an inspection of your facility. (Please allow seven (7) business days' notice for the inspection appointment).
4. A completed application(s) should be forwarded to: Town of Derry Health Dept. 14 Manning Street, Derry, NH 03038.
5. All licenses issued shall be valid for one year following the date of issuance, or one year following the date of issuance of a provisional license, as applicable, and must be renewed annually.

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 Name & Telephone # (____) _____

7) Email Address _____

8) Name of Person in Charge at Establishment _____

9) Schedule of Operation _____

10) Federal Tax ID/SS# _____

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

12) Type of Ownership ____ Sole Proprietorship Corporation ____ Joint Venture ____ Limited Liability Class ____ Partnership
____ Other (Specify) _____

13) Type of License: ____ New Establishment ____ Change in License ____ Change of Ownership ____ Renewal ____ Change of
Location ____ Change in License Type ____ Change of Name of Establishment (Previous name: _____)

14) Town Water ____ Yes ____ No Town Wastewater ____ Yes ____ No

**please note if not on Town Water, written results of laboratory analysis for bacteria, nitrates and nitrites required with application.*

15) Total number of seats _____ (indoor) _____ (outdoor) _____

Additional items:

*Menu required to be attached to application.

*Certified Food Protection Manager (CFPM) Name and Contact Info

Name _____ Telephone # _____

*Pest Control Management Company _____ Telephone # _____

Classification of Food Service Establishments/License Fees

Type	Description	Fee
_____ Type 1	Restaurants/Cafeterias with 200 seats or more Retail food stores with > 4 food preparation areas Commercial processors selling > 100,000 packages/year	\$500.00
_____ Type 2	Restaurants/cafeterias with 75-199 seats Retail food stores with 2-3 food preparation areas Hospitals/nursing homes	\$350.00
_____ Type 3	Restaurants/cafeterias with 25-74 seats Retail food stores with one food prep area Commercial processors selling <100,000 packages/year Off-site caterers, Bakeries	\$215.00
_____ Type 4	Restaurants/cafeterias with < 25 seats Establishments selling only prepackaged foods Food Processors operating in a shared kitchen Home delivery services of packaged TCS or frozen foods Liquor lounges, bars or clubs with small food prep area Warehouses; wholesalers/distributors Mobile unit servicing areas/commissaries	\$145.00
_____ Type 5	Temporary food establishments including MFUs Flea market vendors Homestead Operations (TCS) Farm Stands with TCS foods Lodging facilities with continental breakfast/B&B's Sellers of pre-packaged frozen meat or poultry Vending machines	\$60.00
_____ Type 6	Nonprofit organizations not holding a liquor license Public/Parochial schools and institutions Government facilities Town co-sponsored events Season Farmer Market Vendors	
_____ Type 7	Annual Mobile Food Unit (packaged and/or non-TCS foods)	\$145.00
_____ Type 8	Annual Mobile Food Unit (TCS foods)	\$215.00

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: _____

OFFICE USE ONLY:

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