



## Town of Derry Public Health Department

14 Manning Street Derry, NH 03038  
(603) 845-5519  
[www.derrynh.org](http://www.derrynh.org)

OFFICE USE ONLY:

Date Received \_\_\_\_\_

### Food Service License Application

- 1) Full Legal Name of Corporation, LLC or Owner (s): \_\_\_\_\_
- 2) Name of Establishment \_\_\_\_\_
- 3) Establishment Address \_\_\_\_\_
- 4) Telephone # of Establishment (\_\_\_\_) \_\_\_\_\_ 5) Email Address \_\_\_\_\_
- 6) Owner's Full Name: \_\_\_\_\_ 7) Owner's Telephone: (\_\_\_\_) \_\_\_\_\_
- 8) Owners Mailing Address \_\_\_\_\_
- 9) Emergency Contact Name & Telephone \_\_\_\_\_
- 10) Name of Person in Charge at Establishment \_\_\_\_\_
- 11) Federal Tax ID/SS# \_\_\_\_\_
- 12) Renting/Space Sharing with another licensee? \_\_\_\_ No \_\_\_\_ Yes *\*If yes, the licensee must obtain a TOD food license prior to operating or if currently licensed with TOD, provide establishment name and license # here: \_\_\_\_\_*
- 13) Type of Ownership: *Sole Proprietorship* \_\_\_\_ *Joint Venture* \_\_\_\_ *Limited Liability Class* \_\_\_\_  
*Partnership* \_\_\_\_ *Other (Specify)* \_\_\_\_\_
- 13) Type of License: *New Establishment* \_\_\_\_ *Change in License Class* \_\_\_\_ *Change of Ownership* \_\_\_\_ *Renewal* \_\_\_\_  
*Change of Location* \_\_\_\_ *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 is required.*
- 15) Number of seats \_\_\_\_\_ (indoor) \_\_\_\_\_ (outdoor) \_\_\_\_\_ Total Number of Seats: \_\_\_\_\_
- 16) Schedule of Operations:  
M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

#### Required supporting documents (Incomplete applications will be returned)

1. A copy of legal filings with the NH Secretary of State's office
2. Proposed menu including beverages
3. Certified Food Protection Manager (CFPM) *\*must be obtained within 3 mo. if not current at time of application submittal*  
Name \_\_\_\_\_ Telephone # \_\_\_\_\_ Certificate # \_\_\_\_\_
4. Written results of laboratory analysis of water for bacteria, nitrates and nitrites if on private water system or well

### Classification of Food Service Establishments/License Fees

Type	Description	Fee
_____ Type 1	Food Establishment (FE) with 200 seats or more Retail food store with > 4 food preparation areas Commercial processor selling > 100,000 packages/year	\$550.00
_____ Type 2	Food Establishment (FE) with 75-199 seats Retail food store with 2-3 food preparation areas Hospitals/Nursing Homes/Assisted Living Facilities	\$375.00
_____ Type 3	Food Establishment (FE) with 25-74 seats Retail food store with one food preparation area Commercial Processing selling <100,000 packages/year of *TCS foods Off-Premise Caterers, Bakers/Bakeries	\$250.00
_____ Type 4	Food Establishment (FE) with < 25 seats Establishments selling only prepackaged foods Commercial Processing or Packaging < 100,000 non-*TCS foods Home delivery services of packaged *TCS or frozen foods Liquor lounges, bars or clubs with small food prep area Warehouses; wholesalers/distributors Commissary Kitchens/Servicing Areas Day care facilities that offer *TCS foods	\$175.00
_____ Type 5	Temporary food establishments including MFUs Farmstands with *TCS foods Farmer Market Vendors (non-town cosponsored events) Homestead Operations Lodging facilities with continental breakfast/ B&B's Sellers of pre-packaged frozen meat or poultry Vending machines/Theater concessions	\$75.00
_____ Type 6	Nonprofit organizations not holding a liquor license Public/Parochial schools and institutions Government facilities Town cosponsored events/Derry Farmers Market vendors	Fee waived (application submittal required)
_____ Type 7	Annual Mobile Food Unit (packaged and/or non-*TCS foods)	\$145.00
_____ Type 8	Annual Mobile Food Unit (*TCS foods)	\$215.00

**\*Late Fee \$20.00**

**\*Licenses shall be subject to suspension if annual renewals become more than five days overdue**

**\*TCS = Temperature Control for Safety**

**\*All checks made out to the "Town of Derry, NH"**

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 regarding any changes, corrections or updates to the information provided.

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

SUBMISSION DATE OF APPLICATION: \_\_\_\_\_