

Application for Food Service Establishment License

Town of Derry, Public Health
14 Manning Street, Derry, NH 03038
Tel: (603) 845-5520
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

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 75 Persons or more; supermarkets; hospitals.	\$ 350.00
_____ Type 2: Restaurants/Cafeterias with seating capacity of 25 to 74 persons; bakeries; warehouses; flea markets; nursing homes; distributors; grocery markets with food preparation areas.	\$ 215.00
_____ Type 3: 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 potentially hazardous food.	\$ 145.00
_____ Type 4: Temporary food establishments (not to exceed 14 days); flea market vendors; home food manufacture; vending machines; theater concessions and mobile units that offer non-potentially hazardous food.	\$ 60.00
<u>X</u> Type 5: Non-Profit organizations not holding a liquor license, including soup kitchens and senior meals; public and parochial schools and institutions; government facilities.	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.