



# Town of Derry Public Health

14 Manning Street, Derry, NH 03038

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**APPLICATION FOR A MOBILE FOOD SERVICE ESTABLISHMENT LICENSE**  
(License will not be issued unless application and attached sheets are completely filled out.)

Type of License: Type 4 License Fee: \$60.00

Name of Establishment: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

E-MAIL Address: \_\_\_\_\_

Motor Vehicle Plate #: \_\_\_\_\_ VIN #: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Ownership:  Sole Proprietorship  Joint Venture Tax ID: \_\_\_\_\_  
 Corporation  Partnership  
 LLC  Other  
 Not for Profit: No fee required

Operator / Driver: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Commissary: \_\_\_\_\_ Daily Servicing Time: \_\_\_\_\_

**Derry Route:** Please fill out name, address and time of stops in Derry.

Business	Address	Arrival Time	Departure Time

Food Item	Off Site Prep (Yes / No)	On Site Prep (Yes / No)	Holding (Hot / Cold)	Serving (Hot / Cold)

**Transportation:**

What is the length of time of transport? \_\_\_\_\_

How is the food kept hot or cold? \_\_\_\_\_

**Describe Equipment used for:**

Cold Holding: \_\_\_\_\_

Cooking: \_\_\_\_\_

Hot Holding: \_\_\_\_\_

Reheating: \_\_\_\_\_

**Will food thermometer be used?** Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, what type of thermometer will be used? \_\_\_\_\_

**Hand-washing Facilities:**

Plumbed Sink \_\_\_\_\_ Gravity Flow Container \_\_\_\_\_ Other (please explain) \_\_\_\_\_

**Sanitizing Solution:**

Bleach Water \_\_\_\_\_ Other (please explain) \_\_\_\_\_

**Garbage Disposal:**

Trash Cans \_\_\_\_\_ Dumpster \_\_\_\_\_ Other (please explain) \_\_\_\_\_

**Source of Water:** \_\_\_\_\_

**Wastewater Disposal:** \_\_\_\_\_

After a properly completed application is submitted, reviewed, and APPROVED, and an inspection is conducted which shows that the mobile food unit is in compliance with He-P 2326 Mobile Food Units and Pushcarts, a Mobile Food Establishment License will be issued.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**MOBILE FOOD ESTABLISHMENT - COMMISSARY CERTIFICATE**

The NH Sanitary Food Code, He-P2300, and the Town of Derry Ordinance, Chapter 55, require that all food served by mobile vendors must be prepared in an approved and licensed commissary. A commissary is defined as a “catering establishment, restaurant, or any other place in which food, containers, or supplies are kept, handled, prepared, packaged, or stored.” A commissary cannot be a residential kitchen. Refer to He-P2326 for specific requirements.

Mobile Food Establishment operators who prepare foods must submit the following certificate from an approved and licensed commissary before the Public Health Department can issue a permit to operate.

If the Commissary is located outside of Derry, a copy of the commissary’s permit to operate and most recent inspection are required.

If the owner of the commissary is an individual other than the operator of the Mobile Food Establishment, the following must be completed by the owner of the commissary:

Name of Commissary: \_\_\_\_\_

Address: \_\_\_\_\_

Owner: \_\_\_\_\_

If the owner of the commissary is an individual other than the operator of the Mobile Food Establishment, the following must be completed by the owner of the commissary:

I hereby certify that I have given permission to \_\_\_\_\_  
(Mobile Food Establishment)

to prepare food and clean and sanitize equipment in my premises.

I understand that I am responsible for the wholesomeness and quality of food as it relates to preparation in my establishment, and certify that my establishment meets requirements of the NH Sanitary Food Code.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_