



MERRIMACK FIRE DEPARTMENT

HEALTH DIVISION
432 Daniel Webster Highway
Merrimack New Hampshire 03054
603-420-1730
HLTH-FRM-001

APPLICATION FOR ANNUAL FOOD SERVICE LICENSE NH Chapter He-P 2300, NHRSA 143-A

¹Full Legal Name of Corporation, LLC or Owner(s) _____

²Name of Establishment _____

³Location (Street) _____ (Town, State) _____ (Zip) _____

⁴Mailing Address (if different) _____ (Town, State) _____ (Zip) _____

⁵Telephone # of Establishment (_____) _____ ⁶Emergency Contact Telephone # (_____) _____

⁷Fax # (_____) _____ ⁸Email Address _____

⁹Name of Person in Charge at Establishment _____

¹⁰Schedule of Operation _____

¹¹Previous Business Name of Establishment _____

¹²Renting/Space Sharing with another licensee? No Yes (enter name) _____

¹³ Type of Ownership		¹⁴ Type of License		¹⁷ Town Water	Yes or No
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> New Establishment	<input type="checkbox"/> Renewal	¹⁷ Town Sewer	Yes or No
<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Limited Liability	<input type="checkbox"/> Change in License Class	(30 days prior to expired)	¹⁸ Number of Seats (indoor)	_____
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Change of Ownership		¹⁹ Public Water System/(EPA)	

²⁰Class of License-check highest class and class category

- | | |
|--|--|
| <input type="checkbox"/> Class A (\$500)
<input type="checkbox"/> food establishment (FE) with 200 seats or more (2)
<input type="checkbox"/> retail food store with 4 or more prep areas (3)
<input type="checkbox"/> Class B (\$250)
<input type="checkbox"/> retail food store with 2-3 food prep areas (1)
<input type="checkbox"/> FE with 100-199 seats (2)
<input type="checkbox"/> Class C (\$200)
<input type="checkbox"/> retail food store with one food prep area (1)
<input type="checkbox"/> caterers off-site (2)
<input type="checkbox"/> FE with 25-99 seats (3)
<input type="checkbox"/> bar/lounges with food prep area (4)
<input type="checkbox"/> Class D (\$125)
<input type="checkbox"/> FE with 0-24 seats (including but not limited to bakeries) (1)
<input type="checkbox"/> fraternities and sororities (2)
<input type="checkbox"/> retail food store – self services (4)
<input type="checkbox"/> servicing areas (6)
<input type="checkbox"/> Class E (\$100)

<input type="checkbox"/> bed and breakfast (1)
<input type="checkbox"/> ice cream vendors - scooping (2)
<input type="checkbox"/> lodging facilities serving continental breakfast (3) | <input type="checkbox"/> Class F (\$75)
<input type="checkbox"/> retail food store - no food prep area (3)
<input type="checkbox"/> wholesalers/distributors TCS food (4)
<input type="checkbox"/> on-site vending machines - serving TCS food (5)
<input type="checkbox"/> bakeries which do not serve TCS food / 0 seats (6)
<input type="checkbox"/> Class G (\$50)
<input type="checkbox"/> bar/lounges with no food prep area that serve alcohol (1)
<input type="checkbox"/> arena/theater concessions serving non-TCS food (2)
<input type="checkbox"/> retail food stores serving pre-packaged ice cream only (3)
<input type="checkbox"/> institutions including state, county and municipal institutions (4)
<input type="checkbox"/> private schools (5)
<input type="checkbox"/> senior meal sites (6)
<input type="checkbox"/> sellers of prepackaged frozen USDA meat or poultry (7)
<input type="checkbox"/> Homestead
<input type="checkbox"/> Class O (Fee Exempt No Charge)
<input type="checkbox"/> Municipality operated school cafeterias. (1)
<input type="checkbox"/> * Charitable Organization as Defined in Town Chapter 180-2 (2)
Provide Tax ID # _____ |
|--|--|

<i>Definitions</i>	
FE-	Food Establishment
TCS-	Time/Temperature Control for food safety

*** Submit all Supporting documentation. Incomplete applications will be returned.**

- ²¹ All applications - Written results of laboratory analysis of water for bacteria, nitrates, and nitrites. (N/A if Town Water)
- ²¹ New applications only: Include additional \$75.00 review fee - Submit floor plan of kitchen layout; identify cooking equipment
- ²¹ New/Change of Ownership: applications - Septic Approvals for Construction *and* Approvals for Operation. (N/A if Town Wastewater)
- ²¹ **Renewal Late Fee \$50.00** All renewal applications submitted pass due the expired date by 30 days (per HE-P 2306.2(19))

I, (print name & title)^{22,23} _____, 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 Merrimack Health Officer with regard to any changes, corrections or updates to the information provided.

SIGNATURE OF APPLICANT: ²⁴ _____ DATE: ²⁵ _____

**INSTRUCTIONS FOR COMPLETING
APPLICATION FOR FOOD SERVICE LICENSE**

Please fill in all blanks, if not applicable enter "N/A".

1. **Full Legal Name of Corporation or Owner** - provide the full legal name of the corporation or owner(s) of the establishment.
2. **Name of Establishment** - provide the full name of the establishment.
3. **Location** - provide location of establishment to include street number, street name, city/town, state, and zip code.
4. **Mailing Address** - provide mailing address if different than establishment location.
5. **Telephone # of Establishment** - provide the on-site telephone number for the establishment.
6. **Emergency Contact Telephone Number** - provide telephone number for individual who should be contacted in an emergency.
7. **Business Fax Number** - for faxing information.
8. **Email Address** - provide Email address if available.
9. **Name of Person in Charge at Establishment** - provide the name of the individual who is in charge at the establishment.
10. **Schedule of Operation**-provide hours, days, and weeks per year this establishment will operate.
11. **Previous Business Name of Location** - provide the previous name of establishment.
12. **Renting/Space Sharing**-if yes, indicate name and location of other licensee.
13. **Type of Ownership** - check the appropriate ownership type of the establishment, if other please specify.
14. **Type of License** - check the appropriate license type that you are applying for.
17. **Town Water/Town Wastewater** - circle "Yes" if establishment has town water or wastewater, "No" if it does not. If "No" refer to water and wastewater requirements document.
18. **Seating Count** – provide total number of indoor seats for the establishment.
19. **Public Water System/(EPA) Number** – water results sampling number, if applicable.
20. **Class of License** - check highest class and class category.

Example; Class A-2 - FE (Food Establishment) with 200 seats or more.

Class O-2 - Charitable Organization. **All Non-Profit applicants must provide proof of tax exemption as defined in Town Chapter 180-3.B.*

21. **Requirements** - check each item applicable and submit supporting documentation.
22. **Printed Name** - print full name of establishment's legal owner signing application or officer of legal owner who applies for the license.
23. **Title** - provide title of establishment's applicant.
24. **Signature** - provide original signature of establishment's applicant.
25. **Date** - provide current date.

SUBMITTING YOUR APPLICATION

1. Payment, payable to "Town of Merrimack," must accompany application. Payments are non-refundable and non-transferable. *All applications must be submitted with payment.*
2. All applications must be submitted with payment, *any incomplete or illegible applications or applications not accompanied with payment*, water test results, product list, or any other applicable documents required, *will be not be processed and returned to applicant.* **Make Check Payable To: "Town of Merrimack, NH"**
3. Completed application(s) should be forwarded to:
Merrimack Fire Department, Health Division, 432 Daniel Webster Hwy. Merrimack NH 03054.
4. **For a "Change in License Class, New or Change of Ownership" applications;** Submit the new application to Merrimack Fire Department, Health Division, 432 Daniel Webster Hwy. Merrimack NH 03054. Allow five (5) days to process the applicable paperwork. Notify the Health Division to schedule an inspection of your facility. Please allow three (3) business days notice for an inspection appointment.

For additional information or for further assistance, please contact the Merrimack Health Division, (603) 420-1730.