



MERRIMACK FIRE RESCUE

432 Daniel Webster Highway • Merrimack NH 03054 • (603) 420-1730

HEALTH DIVISION



Application for a License to Operate a Food Service Establishment

NH Chapter He-P 2300, NHRSA 143-A

Name of Establishment: _____ Date: _____

Establishment Address: _____ Phone: (____) _____

Mailing Address (if different): _____

Name & Title of Applicant: _____ Phone: (____) _____

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

Emergency Response Person: _____ 24hr. Emergency Phone: (____) _____

Establishment Owner Email: _____

On-Site/Management Email _____

Name of Certified Food Protection Manager: _____ (attach copy of certificate)

Corporate or Partner Name, list information below (Name, Title, Address, Phone, Email):

Type of License: ☐ Renewal ☐ New Establishment ☐ Change in License Class ☐ Change in Ownership

Type of Business (check all that apply)	Late fee \$50.00 all renewals submitted past due by 30 days
<input type="checkbox"/> Class A - \$875.00 <input type="checkbox"/> Food Establishment (FE) with 200 seats or more <input type="checkbox"/> Retail Food store with 4 or more prep areas	<input type="checkbox"/> Class F - \$150.00 <input type="checkbox"/> Retail food store - no food prep area <input type="checkbox"/> Wholesalers / Distributors TCS food
<input type="checkbox"/> Class B - \$450.00 <input type="checkbox"/> Retail food store with 2-3 food prep areas <input type="checkbox"/> FE with 100-199 seats	<input type="checkbox"/> On-site vending machines - serving TCS food <input type="checkbox"/> Bakeries (no TCS food) / 0 seats
<input type="checkbox"/> Class C - \$350.00 <input type="checkbox"/> Retail food store with one food prep area <input type="checkbox"/> Caterers off-site <input type="checkbox"/> FE with 25-99 seats <input type="checkbox"/> Bar/lounges with food prep area	<input type="checkbox"/> Class G - \$100.00 <input type="checkbox"/> Bar/lounges - no food prep area that serve alcohol <input type="checkbox"/> Arena/theater concessions serving non-TCS food
<input type="checkbox"/> Class D - \$225.00 <input type="checkbox"/> FE with 0-24 seats (including bakeries) <input type="checkbox"/> Retail food store – self services <input type="checkbox"/> Servicing areas	<input type="checkbox"/> Retail food stores - pre-packaged ice cream only <input type="checkbox"/> Institutions including state and municipal <input type="checkbox"/> Private schools
<input type="checkbox"/> Class E - \$175.00 <input type="checkbox"/> Bed and breakfast <input type="checkbox"/> Ice cream vendors - scooping <input type="checkbox"/> Lodging facilities serving continental breakfast	<input type="checkbox"/> Senior meal sites <input type="checkbox"/> Sellers of prepackaged frozen USDA meat or poultry <input type="checkbox"/> Class H - \$150.00 <input type="checkbox"/> Homestead
	<input type="checkbox"/> Class O (Fee Exempt No Charge) <input type="checkbox"/> Municipality operated school cafeterias <input type="checkbox"/> *Charitable Organization Defined in Town Code 180-2 Provide Tax ID # _____

Payment is due with application. Checks made payable to: Town of Merrimack

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 Merrimack Health Officer with regard to any changes, corrections or updates to the information provided.

Signature of Applicant: _____ Date: _____