



**APPLICATION FOR A LICENSE TO OPERATE A FOOD SERVICE
ESTABLISHMENT IN THE TOWN OF PLAISTOW**

145 Main Street Plaistow, NH 03865
Telephone 382-2494 ext. 21 Fax 382-7183
dhorrocks@plaistow.com

DATE _____

NAME OF ESTABLISHMENT _____ PHONE (____) _____

ADDRESS _____ EMAIL _____

MAILING ADDRESS (If different) _____ FAX _____

OWNER _____ PHONE (____) _____

ADDRESS _____

MANAGER _____ EMERGENCY PHONE (____) _____

CERTIFIED FOOD PROTECTION EMPLOYEES
NAMES/EXPIRATION DATES _____

Type of License

- New
- Change of Ownership
- Change in License Class
- Renewal **Current License #** _____
- Smoking Non Smoking Well Other

Type of Ownership

- Sole Proprietorship
- Joint Venture
- Partnership
- Corporation
- Limited Liability
- Other (Specify) _____
- Seating Count _____
- EPA ID # (If applicable) _____ Septic Other

Class of License - Check highest class and class category

- Class A (\$500)**
 - Commercial processors > 100,000 units of food/ year
 - Food Establishment with more than 199 seats
- Class B (\$250)**
 - Retail food store with more than two food prep areas
 - Food establishment with 100 - 198 seats
 - Commercial fish processor
- Class C (\$200)**
 - Commercial processor <100,000 units of food/ year
 - Retail food store with one or two food prep areas
 - Caterers off-site
 - Food establishment with 25 - 99 seats
 - Bar/lounges - serve alcohol with food prep area
 - Packers of potentially hazardous foods (PHF)
- Class D (\$125)**
 - Food establishment with 0 - 24 seats (including but not limited to bakeries)
 - Fraternities and sororities
- Class E (\$100)**
 - Mobile unit - cook
 - Retail store - self services
 - Ice cream vendors - scooping
- Class F (\$75)**
 - Home Delivery- PHF
 - Mobile unit-prepackaged or NPH unwrapped foods
 - Retail food- no food prep area
 - Wholesaler/distributors
 - On-site vending machines- PHF
 - Bakeries which do not serve PHF/ 0 seats
 - Sellers of prepackaged frozen USDA meat or poultry
 - Packagers on non- potentially hazardous bulk food
- Class G (\$50)**
 - Bars/ lounges that serve alcohol, no food prep area
 - Canteen/theater concessions
 - Ice cream vendors- pre-packaged ice cream
 - Institutions including state, county and municipal
 - Privately owned schools
 - Senior meal sites
- Class G exempt (\$0)**
 - Municipally operated schools
 - Day habilitation centers for adults
 - National or veteran's fraternal organizations
 - Non-profit comm. organizations/no liquor/ not serving meals on a daily basis

Schedule of Operation

_____ (Including hours, days and weeks/year)

Source of Food Supplies– (Names, Addresses, Phone #'s)

A. Bakery Products _____

B. Poultry and Poultry Products _____

C. Meat and Meat Products _____

D. Shellfish _____

E. Milk and Milk Products _____

F. Produce _____

Exterminator - (Name, Address, Phone #)

Comments: _____

A check payable to the Town of Plaistow, MUST accompany application.

Signature _____ Title _____

Printed Name _____ Date _____

DO NOT WRITE IN THIS BOX – For office use only.	
Date Received _____	Plan Review _____
Check Amount _____	Check No. _____
Menu Submitted: Yes No	Notes _____