



**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 serving food off-sit
- 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
- Mobile unit - commercial
- Retail store - self service
- 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 meat or poultry
- Packagers on non- potentially hazardous bulk food

Class G (\$50)

- Bars/ lounges that serve alcohol, no function room
- Canteen/theater concessions
- Ice cream vendors serving 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 SUPPLY – (Provide Names and Addresses)

A. Bakery Products _____

B. Poultry and Poultry Products _____

C. Meat and Meat Products _____

D. Shellfish _____

E. Milk and Milk Products _____

F. Produce _____

EXTERMINATOR - (Provide Name and Address)

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 _____

