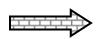


☐ Ice cream vendors - scooping

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

145 Main Street Plaistow, NH 03865 Telephone: 382-2494 Fax 382-7183 health@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 | Type of Ownership □ Sole Proprietorship □ Joint Venture □ Partnership | ☐ Limited Liability ☐ Other (Specify) |
| □ Renewal Current License # □ Well □ Other | ☐ Corporation EPA ID # (If applicable) | Seating Count 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 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 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 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 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 | □ Day habilita □ National or □ Non-profit | empt (\$0) y operated schools ation centers for adults veteran's fraternal organizations comm. organizations/no liquor/ not als on a daily basis |



| Sch | nedule of Operation | |
|------|--------------------------------|---|
| (Inc | cluding hours, days and weeks/ | year) |
| Sou | rce of Food Supplies– (Name | es, Addresses, Phone #'s) |
| A. 1 | Bakery Products | |
| В. І | Poultry and Poultry Products _ | |
| C. I | Meat and Meat Products | |
| D. S | Shellfish | |
| E. N | Milk and Milk Products | |
| F. F | Produce | |
| Ext | terminator - (Name, Address, | <u>, Phone #)</u> |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | Town of Plaistow, MUST accompany application. |
| Sig | | Title |
| | | |
| Prii | ited 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 |