



**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
☐ Renewal **Current License #** _____
☐ Smoking ☐ Non Smoking ☐ Well ☐ Other

Type of Ownership

- ☐ Sole Proprietorship ☐ Limited Liability
☐ Joint Venture ☐ Other (Specify) _____
☐ Partnership
☐ Corporation **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 _____