



**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

healthofficer@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

Food establishments that are served by a water source other than a public water system, shall submit laboratory analysis of the water which tests the level of Bacteria, Nitrates, and Nitrites.

**Class of License - Check highest class and class category.**

**CLASS A (\$875)**

- A-1 - Food processing plants which commercially process 100,000 packages of food or more, per year
- A-2 - Food service establishments with 200 or more indoor seats
- A-3 - Retail food stores with 4 or more food preparation areas

**CLASS E (\$175)**

- E-1 - Bed and breakfasts
- E-3 - Lodging facilities serving continental breakfasts;

**CLASS B (\$450)**

- B-1 - Retail food stores with 2 to 3 food preparation areas
- B-2 - Food service establishments with 100 to 199 indoor seats

**CLASS F (\$150)**

- F-1 - Home delivery services of packaged frozen food;
- F-2 - Pushcarts and other mobile food units, including, those serving packaged food and non-TCS unwrapped foods only
- F-3 - Retail food stores with no food preparation areas
- F-4 - Wholesalers or distributors of TCS food
- F-5 - On-site vending machines, which serve TCS food
- F-6 - Bakeries which do not serve TCS food and have no seats;

**CLASS C (\$350)**

- C-1 - Retail food stores with one food preparation area, including, an area for cutting cheese or fudge
- C-2 - Caterers serving food off-site
- C-3 - Food service establishments with 25 to 99 indoor seats
- C-4 - Bars or lounges with a food preparation area, excluding areas used for preparing garnish such as limes and lemons
- C-5 - Food processing plants which commercially process less than 100,000 packages of TCS food per year
- C-6 - Cold storage or refrigerating warehouse

**CLASS G (\$100)**

- G-1 - Bars or lounges without a food preparation area
- G-2 - Arena or theater concessions serving non-TCS food
- G-3 - Retail food stores serving pre-packaged ice cream
- G-4 - Institutions including state, county, and municipal institutions
- G-5 - Schools, private schools, and schools whose food service is operated by a caterer;
- G-6 - Senior meal sites
- G-7 - Sellers of pre-packaged frozen meat or poultry that is processed in a USDA-inspected plant
- G-8 - Food processing plants that manufacturer or package non-TCS food;

**CLASS D (\$225)**

- D-1 - Food service establishments with 0 to 24 indoor seats
- D-2 - Fraternities and sororities, except those where the members prepare all their own food
- D-3 - Mobile food units which cook or prepare food
- D-4 - Retail food stores that allow self-service of food, including coffee, hot dogs, or soft drink
- D-6 - Servicing areas
- D-7 - Arena or theater concessions serving TCS food;

**CLASS O (\$0 - EXEMPT)**

- O-1 - Shall include municipality-run school cafeterias.



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**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 \_\_\_\_\_