



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
FOOD PROTECTION SECTION
29 HAZEN DRIVE, CONCORD, NH 03301-6503
603-271-4589 FAX: 603-271-4859 TDD Access: 1-800-735-2964
Website: www.dhhs.nh.gov E-mail: foodprotection@dhhs.state.nh.us

APPLICATION FOR ANNUAL COMMERCIAL FOOD PROCESSING PLANT LICENSE

¹Full Legal Name of Corporation, LLC or Owner(s) _____

²Name of Establishment _____

³Location (Street) _____ (Town, State) _____ (Zip) _____

⁴Mailing Address (if different) _____ (Town, State) _____ (Zip) _____

⁵Telephone # of Establishment (____) _____ ⁶Emergency Contact Telephone # (____) _____

⁷Fax # (____) _____ ⁸Email Address _____

⁹Name of Person in Charge at Establishment _____

¹⁰Schedule of Operation _____

¹¹Renting/Space Sharing with another licensee? No Yes(enter name) _____

¹²Type of Ownership ¹³Type of License ¹⁴Current Establishment # _____

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

- ☐ New Establishment
☐ Change in License Class
☐ Change of Ownership
☐ Change of Ownership

¹⁵Current License # _____

¹⁶Town Water Yes or No

¹⁶Town Wastewater Yes or No

¹⁷Public Water System/(EPA) # _____

¹⁸Commercially Processing More than
100,000 packages of food/year

☐ Class A (\$875)

¹⁸Commercially Processing Less than
100,000 or more packages of food/year

☐ Class C (\$350)

¹⁸Commercially Processing
Packagers of Non-Time/Temp Control
for Safety Bulk Food
☐ Class G (\$100)

***Submit all supporting documentation. Incomplete applications will be returned.**

☐ ¹⁹New only: HACCP Plan

☐ ¹⁹New only: Floor Plan-Include additional \$75.00 review fee. See Application Form PRAPP 01-01-11.

☐ ¹⁹New only: Septic approvals for Construction and Operation if on private septic system.(n/a if Town Wastewater)

☐ ¹⁹New and Renewal: Please submit a complete product list.

☐ ¹⁹New and Renewal: Copies of product testing results, if applicable.

☐ ¹⁹New and Renewal: Written results of laboratory water for bacteria, nitrates and nitrites.(n/a if Town water)

I, (print name & title)^{20,21} _____, certify that all information provided in or attached to this application is complete, accurate and up-to-date as of the date specified below. I further certify that there are no willful misrepresentations of the answers to questions herein, and that I have made no omissions with respect to any of my answers to the questions presented. I understand that it is my responsibility to immediately notify the Food Protection Section with regard to any changes, corrections or updates to the information provided.

SIGNATURE OF APPLICANT: ²² _____ DATE OF APPLICATION: ²³ _____

-----DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY-----

Date Received _____ Check # _____ Check Amount _____ Plan Review ☐ Plan Review Check # _____
Provisional Date _____ C _____ R _____ Final Date _____ C _____ Audit # _____

INSTRUCTIONS FOR COMPLETING
APPLICATION FOR FOOD PROCESSING PLANT LICENSE

Please fill in all blanks, if not applicable enter "NA", except steps 14 and 15 (leave blank if not known).

1. **Full Legal Name of Corporation or Owner** - provide the full legal name of the corporation or owner(s) of the establishment.
2. **Name of Establishment** - provide the full name of the establishment.
3. **Location** - provide location of establishment to include street number, street name, city/town, state, and zip code.
4. **Mailing Address** - provide mailing address if different than establishment location.
5. **Telephone # of Establishment** - provide the on-site telephone number for the establishment.
6. **Emergency Contact Telephone Number** - provide telephone number for individual who should be contacted in an emergency.
7. **Business Fax Number** - for faxing information.
8. **Email Address** - provide Email address.
9. **Name of Person in Charge at Establishment** - provide the name of the individual who is in charge at the establishment.
10. **Schedule of Operation**-provide hours,days, and weeks per year this establishment will operate.
11. **Renting/Space Sharing**-if yes, indicate name and location of other licensee.
12. **Type of Ownership** - check the appropriate ownership type of the establishment, if other please specify.
13. **Type of License** - check the appropriate license type that you are applying for.
14. **Current Establishment #** - provide current establishment number if known, otherwise please leave blank.
15. **Current License #** - provide current license number if known, otherwise please leave blank.
16. **Town Water/Town Wastewater** - circle "Yes" if establishment has town water or wastewater, "No" if it does not. If "No" refer to water and wastewater requirements document.
17. **Public Water System/(EPA) Number** – water results sampling number, if applicable.
18. **Class of License** - check highest class and class category. Example; ☒ Class A More than 100,000 packages of food/year.
19. **Requirements** – check each item applicable and submit supporting documentation.
20. **Printed Name** - print full name of establishment's legal owner signing application or officer of legal owner who applies for the license.
21. **Title** - provide title of establishment's applicant.
22. **Signature** - provide original signature of establishment's applicant.
23. **Date** - provide current date.

Contact NH Public Health Laboratories at 603-271-4661 for information on pH and water activity testing.

For a list of food processing authorities, refer to www.dhhs.state.nh.us.

Please note, there are sixteen Self-Inspecting Cities/Towns in the state of NH, in which case you will need to contact directly for licensing if food establishment is located in one of those areas. They are: Bedford, Berlin, Claremont, Concord, Derry, Dover, Epsom, Exeter, Keene, Manchester, Merrimack, Nashua, Plaistow, Portsmouth, Rochester and Salem. For contact information, please refer to www.dhhs.state.nh.us.

SUBMITTING YOUR APPLICATION

1. Payment shall be made in the form of a check or money order, payable to "Treasurer, State of New Hampshire", and must accompany application. Payments are non-refundable and non-transferable.
2. Incomplete or illegible applications or applications not accompanied by payment, water test results, product list, or any other applicable attachments, will be returned. Completed application(s) should be forwarded to the Food Protection Section, 29 Hazen Drive, Concord, NH 03301.
3. **For "Change in License Class, New or Change of Ownership" applications. Thirty (30) days after forwarding this application with all the required applicable paperwork to the Food Protection Section, call (603) 271-4589 to leave a message for your inspector to arrange for an inspection of your facility. (Please allow seven (7) business days notice for inspection appointment)**

For additional information or for further assistance, please contact the NH Department of Health and Human Services, Division of Public Health Services, Food Protection Section at (603) 271-4589 or foodprotection@dhhs.state.nh.us.