



TOWN OF BEDFORD HEALTH DEPARTMENT

FOOD PROTECTION PROGRAM

55 CONSTITUTION DRIVE, BEDFORD, NH 03110

603-472-3838 FAX: 603-472-4565 E-MAIL: safety@bedfordnh.org

APPLICATION FOR ANNUAL FOOD SERVICE LICENSE

(INSTRUCTIONS ON BACK)

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

2 Name of Establishment _____

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

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

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

7 Fax # (_____) _____ 8 Email Address _____

9 Name of Person in Charge at Establishment _____

10 Schedule of Operation _____

11 Previous Business Name, if applicable _____

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

13 Type of Ownership

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

14 Type of License

- New
- Change of Ownership
- Change in License Class
- Renewal

15 Current Establishment # _____

16 Current License # _____

17 Town Water Yes or No

17 Town Wastewater Yes or No

18 Seating Count _____ (include both indoor & outdoor seating) 19 Public Water System (EPA)# _____

20 Class of License - check highest class and class category (FE – Food Establishment; TCS – Time/Temperature Control for food safety)

- Class A (\$875)**
 - A-1: 100,000 units of food/year
 - A-2: FE with more than 200 seats
 - A-3: Retail Food Store with 4 or more food preparation areas.
- Class B (\$450)**
 - B-1: Retail food store with 2 or 3 food preparation areas
 - FE with 100-199 seats
- Class C (\$350)**
 - C-1: Retail food store with one food preparation area
 - C-2: Caterers serving food off-site
 - C-3: FE with 25-99 seats
 - C-4: bar/lounges - serving alcohol with food prep area
 - C-5: food processing plants process < 100,000 units food/year
- Class D (\$225)**
 - D-1: FE with 0-24 seats(including but not limited to bakeries)
 - D-2: fraternities and sororities
 - D-3 Mobile food units which cook or prepare food.
 - D-4: Retail food stores that allow self-service of food
 - D-5: Level 2 homestead
 - D-6: Servicing areas
- Class E (\$175)**
 - E-1: bed and breakfasts
 - E-2: Ice cream vendors which scoop ice cream
 - E-3: Lodging facilities serving continental breakfasts

- Class F (\$150)**
 - F-1: home delivery of packaged frozen food
 - F-2: pushcarts and other mobile food units – no food prep
 - F-3: retail food - no food prep area
 - F-4: wholesalers/distributors TCS food
 - F-5: on-site vending machines – TCS
 - F-6: bakeries which do not serve TCS food / 0 seats
- Class G (\$100)**
 - G-1: bar/lounges with no food prep area that serve alcohol
 - G-2: canteen/theater concessions
 - G-3: ice cream vendors - prepackaged ice cream
 - G-4: institutions including state, county, and municipal
 - G-5: schools including private, colleges, and universities, state run schools
 - G-6: senior meal sites
 - G-7: sellers of pre-packaged frozen meat or poultry processed in an USDA inspected plant.
 - G-8: food processing plants that packaged non-TCS bulk food
- Class H (\$50)**
 - Level One Homestead
- Class I (\$75)**
 - Temporary Food Service License
- Class O (no charge)**
 - Municipality operated schools, farmers markets, and occasional food service events.

- 21 Submit all supporting documentation. Incomplete applications will be returned.
- All applications – Written results of Laboratory analysis of water for bacteria, nitrates, and nitrites. (n/a if Town water)
 - New applications only: Floor Plan – Include additional \$75.00 review fee. See floor plan check list.
 - New/Change of Ownership: applications – Septic Approvals for Construction and Approvals for Operation. (n/a if Town wastewater)
 - Renewal – Annual food safety education documentation or equivalent.

I, (print name & title)^{22,23} _____, certify that all information provided in or attached to the 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 Bedford Health Department with regard to any changes, corrections or updates to the information provided.

Signature of Applicant²⁴ _____ Date of Application:²⁵ _____

-----Do Not Write Below This Line-----

Date Received ____ / ____ / ____ Check # _____ Check Amount _____ Plan Review Plan Review Check # _____

Provisional Date _____ License Date _____ License # _____

INSTRUCTION FOR COMPLETING AND SUBMITTING APPLICATION FOR ANNUAL FOOD SERVICE LICENSE

1. **Full Legal Name of Owner or Corporation** - provide the full legal name of the owner(s) or the corporation name 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, 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 if available.
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. **Previous name of business, if applicable** – provide the previous name of the business in the case of a change of ownership.
12. **Renting/Space Sharing** – if yes, indicate the name and location of other licensee.
13. **Type of Ownership** - check the appropriate ownership type of the establishment, if other please specify.
14. **Type of License** - check the appropriate license type.
15. **Current Establishment #** - provide current establishment number if known.
16. **Current License #** - provide current license number if known.
17. **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 documents.
18. **Seating Count** - provide total seating count for establishment.
19. **Public Water System (EPA) Number** – water results sampling number
20. **Class of License** - check highest class and class category.
21. **Requirements** – check each item applicable and submit supporting documentation.
22. **Printed Name** - print full name of establishment’s legal owner signing application or officer or legal owner who applies for the license.
23. **Title** - provide title of establishment’s legal owner.
24. **Signature** - provide original signature of establishment’s legal owner.
25. **Date** - provide current date.

SUBMITTING YOUR APPLICATION

1. 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 Bedford Health Department, 55 Constitution Drive, Bedford, NH 03110.
2. Payment, payable to Town of Bedford must accompany application. Payments are non-refundable and non-transferable.
3. Include a copy of the proposed menu or items being prepared.
4. New and remodeled establishments: Request the Floor Plan Checklist Form from the Health Dept. in which a \$75.00 review fee will be applied.
5. Equipment list with specification sheets.
6. Include a list of prospective suppliers.
7. Incomplete or illegible applications or applications not accompanied by payment will be returned.

For additional information or for further assistance, please contact the Bedford Health Department at (603) 472-3838.