



**OFFICE USE ONLY:** Approved by: \_\_\_\_\_ District #: \_\_\_\_\_ Class: \_\_\_\_\_ Date: \_\_\_\_\_

Amt. Pd: \_\_\_\_\_ Check No: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_

**MANCHESTER HEALTH DEPARTMENT**  
1528 Elm St., Manchester, NH 03101  
Tel: (603) 624-6466, Fax: (603) 628-6004

**FOOD SERVICE ESTABLISHMENT FACILITY PERMIT APPLICATION (Please print clearly)**

Name of Food Service Establishment: \_\_\_\_\_ Tel #: \_\_\_\_\_

Address of Facility: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

Days and Times of Operation: \_\_\_\_\_ Business E-mail Address: \_\_\_\_\_

**Owner:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_  
(Individual, Partnership, Inc., Corp., LLC, etc.)

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_ **Owner's Tel #:** \_\_\_\_\_

**Manager Name:** \_\_\_\_\_ **Home Address:** \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_ **Home Tel #:** \_\_\_\_\_

**Food Safety Seminar or Certification**

Name of Program: \_\_\_\_\_ ServSafe  
\_\_\_\_\_ Health Department Safe Food Handling Seminar for the Food Service Worker

Attendee's Name: \_\_\_\_\_ Date Attended: \_\_\_\_\_ Date of Certification: \_\_\_\_\_

**Classification of Food Service Facility / Permit Fee**

- \_\_\_\_\_ Class I: Restaurants with seating capacity of 100 persons or more; supermarkets .....\$ 550.00
- \_\_\_\_\_ Class I-A: Supermarkets with bulk foods, a salad bar, and/or a food buffet .....\$ 1,000.00
- \_\_\_\_\_ Class II: Food-service facility having a seating capacity of greater than twenty-five (25) but less than one hundred (100) persons; bakery warehouse; distributors, nursing homes, commissaries, food processors, markets with less than two preparation areas .....\$ 330.00
- \_\_\_\_\_ Class III-A: Markets selling only pre-packaged food products, mobile food operations; food service operations having seating capacity of twenty-five (25) persons or less, child day-care facilities .....\$ 200.00
- \_\_\_\_\_ Class III-B: Clubs incorporated under the Laws of the State or which are affiliated with any national fraternal organization for the sale to member and bona fide quests of liquor..... \$ 110.00
- \_\_\_\_\_ Class V-A Non-profit organizations not holding a liquor permit and not serving meals on a daily basis; parochial school..... **\*\*TAX ID #** \_\_\_\_\_ **\*\* No fee**
- \_\_\_\_\_ Class V-B Government facilities, public schools **\*\*TAX ID #** \_\_\_\_\_ **\*\* No fee**
- \_\_\_\_\_ **Renewal Late Fee:** In addition to the above, for any renewal permit received after the tenth day of the month following date of expiration .....\$ 25.00

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**LICENSES WILL NOT BE ISSUED UNLESS THIS APPLICATION IS COMPLETELY FILLED OUT AND SIGNED.**