



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

FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION

Name of Establishment (DBA): _____ Tel #: _____

Address of Facility: _____ Zip: _____

Business E-mail Address: _____

Hours of Operation	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

Owning Entity: _____ Mailing Address: _____

(Name of LLC, INC, Corp, Sole Proprietor, etc.)

City & State: _____ Zip: _____ Owner's Tel #: _____

Manager's Name: _____ Home Address: _____

City & State: _____ Zip: _____ Home Tel #: _____

ANSI Accredited Food Protection Manager Training*

Name of Program: _____ Date of Program: _____

Attendee's Name: _____ Certificate Number: _____ Expiration: _____

NOTE: Please provide a copy of the certification for the above attendee, and other person(s) in charge

*6 ANSI accredited programs: 360Training.com, statefoodsafety.com, nrfsp.com, servesafe.com, prometric.com, alwaysfoodsafes.com

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** organization 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.