



Health Department
 14 NORTH STREET
 CLAREMONT, NH 03743
 PH: (603) 542-7008 FAX: (603) 542-7033

APPLICATION FOR ANNUAL FOOD SERVICE LICENSE

Full Legal Name of Owner or Corporation _____ Name of Establishment _____

Location (Street Address) _____ Claremont, N.H. 03743

Mailing Address (If different from above) _____ Email Address _____

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

Name of Person in Charge at Establishment _____ Fax # (____) _____

Previous Business Name, if applicable _____

<u>Type of Ownership</u>		<u>Type of License</u>	
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Liability	<input type="checkbox"/> New	<input type="checkbox"/> Change of Ownership
<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Corporation	<input type="checkbox"/> Change in License Class	<input type="checkbox"/> Renewal
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other (Specify) _____	Seating Count _____	
City Water: Yes No		City Sewer: Yes No	

<input type="checkbox"/> Class I (\$250) <input type="checkbox"/> Restaurants with seating capacity of 199 or more patrons <input type="checkbox"/> Race Tracks Additional food booths (\$100) <input type="checkbox"/> Class II (\$175) <input type="checkbox"/> Restaurants with seating capacity of 100-199 patrons <input type="checkbox"/> Supermarkets <input type="checkbox"/> Class III (\$125) <input type="checkbox"/> Restaurants with seating capacity of 25-99 patrons <input type="checkbox"/> Bakeries <input type="checkbox"/> Warehouses; Distributors <input type="checkbox"/> Nursing Homes; Sheltered Care Homes; Bed & Breakfast <input type="checkbox"/> Commissaries; Grocery Market w/less than 2 prep areas <input type="checkbox"/> Class IV (\$80) <input type="checkbox"/> Grocery Markets selling only prepackaged products <input type="checkbox"/> Mobile Food Processors (per vehicle) <input type="checkbox"/> Food Establishments having seating for less than 25 <input type="checkbox"/> Liquor Lounges; Bars; Child Day Care Facilities	<input type="checkbox"/> Class V (\$75) <input type="checkbox"/> Clubs incorporated under the Laws of the State or which are affiliated with any National Fraternal Organizations for the sale to members and bona fide guests of liquor by the glass. <input type="checkbox"/> Class VI (\$50) <input type="checkbox"/> Temporary Food Establishments (Not to exceed two weeks) <input type="checkbox"/> Class VII (No Charge) <input type="checkbox"/> Non-profit organizations with or without a liquor permit and not serving meals on a daily basis. <input type="checkbox"/> Public and Parochial Schools and Institutions <input type="checkbox"/> Government Facilities
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Late Renewal Fee: In addition to the above, for any renewal permit received after the tenth day of July the fee will be \$25.00.

Payment, payable to "City of Claremont" must accompany application

Schedule of Operation (including hours, days, and weeks per year) _____

Signature _____ Title _____

Printed Name _____ Date _____

Do Not Write Below This Line

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