



TOWN OF SALEM FIRE DEPARTMENT
INSPECTIONAL SERVICES
HEALTH DIVISION
33 GEREMONTY DRIVE
SALEM, NEW HAMPSHIRE 03079
603-890-2050
BLOCKARD@SALEMNH.GOV

Food Service License Application

Name of Establishment: _____

Establishment Address: _____

Establishment Telephone: _____ Owner Telephone: _____

Legal Establishment Owner: _____

Email Address: _____

Type of Ownership: ☐ Sole Proprietorship ☐ Joint Venture ☐ Partnership
☐ Corporation ☐ Limited Liability Company ☐ Other

Owner Address: _____

Type of License: ☐ New ☐ New Owner ☐ Change of Location ☐ Change of Classification

Establishment Classification and Fee:

<input type="checkbox"/> Class A.....\$600	<input type="checkbox"/> Class E.....\$125
<input type="checkbox"/> Class B.....\$450	<input type="checkbox"/> Class F.....\$100
<input type="checkbox"/> Class C.....\$350	<input type="checkbox"/> Class G.....As Set
<input type="checkbox"/> Class D.....\$250	<input type="checkbox"/> Class H.....\$50/Day

Operation Schedule:

Hours of Operation _____ Days of Operation _____

Weeks of Operation per Year _____

Seat Count _____ Water Source _____ Wastewater Disposal _____

A Description of all Vehicles used as Mobile Food Units including:

Make of Vehicle/Color _____ Model Year _____ Reg. # _____

Please Attach Intended Menu

Please Attach Copy of Food Manager Certificate (if applicable)

Applicant Signature _____

Date _____

Health Officer _____

Date _____