



**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 \_\_\_\_\_