



**TOWN OF SALEM FIRE DEPARTMENT**  
**INSPECTIONAL SERVICES**  
**HEALTH DIVISION**  
**33 GEREMONTY DRIVE**  
**SALEM, NEW HAMPSHIRE 03079**  
**603-890-2050 FAX 603-898-1223**

**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.....\$500 | <input type="checkbox"/> Class E.....\$125    |
| <input type="checkbox"/> Class B.....\$350 | <input type="checkbox"/> Class F.....\$100    |
| <input type="checkbox"/> Class C.....\$250 | <input type="checkbox"/> Class G.....As Set   |
| <input type="checkbox"/> Class D.....\$150 | <input type="checkbox"/> Class H.....\$50/Day |

Operation Schedule:

Hours of Operation \_\_\_\_\_ Days of Operation \_\_\_\_\_

Weeks of Operation per Year \_\_\_\_\_

**\*Please Attach intended Menu\***

Seat Count \_\_\_\_\_ Water Source \_\_\_\_\_ Wastewater Disposal \_\_\_\_\_

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

Make of Vehicle/Color \_\_\_\_\_ Model Year \_\_\_\_\_ Reg. # \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Health Officer \_\_\_\_\_ Date \_\_\_\_\_