



**APPLICATION FOR LICENSE TO OPERATE A**  
**FOOD SERVICE ESTABLISHMENT**

<b>For Office Use Only:</b> Date Red'd _____ Paid _____ Inspection date _____ Mailed _____
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Corporation or Owner: \_\_\_\_\_ Name of Establishment: \_\_\_\_\_

Location of establishment: \_\_\_\_\_ License #: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone # of establishment: \_\_\_\_\_ Emergency contact #: \_\_\_\_\_

Name and title of person in charge at location: \_\_\_\_\_

Number of inside seats: \_\_\_\_\_ Number of outside seats: \_\_\_\_\_ Total: \_\_\_\_\_

Email address: \_\_\_\_\_

City Water: Yes      No      City Sewer: Yes      No

Class: (check one)

- ( ) **CLASS I:** Food service establishment having a seating capacity of one hundred (100) persons or more, supermarkets, establishments with more than one preparation area, and commercial food processing operations processing more than 100,000 or more packages of food a year. \$350.00
- ( ) **CLASS II:** Food service establishments having a seating capacity of less than one hundred (100) persons, establishments with one preparation area, commercial food processing operations processing less than 100,00 or more packages of food a year. \$300.00
- ( ) **CLASS III:** Food services establishments having a seating capacity of less than twenty-five (25) persons, clubs, establishment sand mobile food operations selling only prepackaged products, mobile food operations selling only hot dogs, commercial food processing operations of Non-Time/Temp Control for safety bulk food and homestead kitchens. \$200.00
- ( ) **CLASS IV:** Temporary food service establishments. Plus \$10.00 per day of operations (not over 14 days) From: \_\_\_\_\_ To: \_\_\_\_\_ \$50.00
- ( ) **CLASS V:** Non-profit or charitable organizations not holding a liquor license, private and parochial schools, public schools funded by City of Keene, governmental facilities No fee
- ( ) **CLASS VI:** Sellers of prepackaged frozen USDA meat or poultry \$100.00

What are your hours/days of operation? \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please submit payment (checks made out to City of Keene) and completed application to**  
**Finance, Accounts Receivable**

**Application must be filled out completely**

For new applications, please send this application with check payable to the CITY OF KEENE to:

City of Keene  
Attn: Community Development Department  
3 Washington St.  
Keene, NH 03431

All applications must be received before **October 1<sup>st</sup>** for the next year cycle.

Late renewal fee: In addition to the appropriate class license, fee there will be **1/12 of the annual fee per whole month late** added for any renewal application received **after October 1<sup>st</sup>**.

For the purposes of determining seating capacities for drive-in food service establishments, each car space provided shall be counted as the equivalent of five (5) seats.

The Health Official shall have the final say in determining which category is applicable to an individual food service establishment.