RI Department of Health

Application and Instructions for Food Business:

Mobile Food Service

☐ Year Round - Truck ☐ Seasonal - Truck ☐ Year Round - Cart

☐ Seasonal - Cart ☐ Temporary Event

_____
Applicant Name (Name of Business)

_____
Previous Business Name & License Number (If Any) at this address

OFFICE USE ONLY

	Initials	Date
Risk Type		
Approved by F.O. Supervisor		
Profile Entered By		
License ID#		
Receipt No.		
License No.		
Certified Food Safety Manager Required: 0 ___ 1 ____ > 1 _____		

INSTRUCTIONS

- Registration shall be based upon **Satisfactory Compliance** with all applicable laws and regulations.

- Registration forms must be either typed or legibly printed using a ball point pen, except signatures, which must be written in ink. Please answer all questions. Do not leave blanks. Incomplete applications will be returned to you and your license/permit will not be issued.

- Attach check/money order to the front of this application and mail to: Office of Food Protection, 3 Capitol Hill, Room 203, Providence, RI 02908-5097. A receipt or cancelled check does not guarantee licensure.

Application Fees:

Mobile Food Service	**$100.00**

- Make your check/money order payable to "General Treasurer, State of Rhode Island". Do not send cash. **This fee is non-refundable.**

- If you have any questions concerning this application, call the Department of Health, Office of Food Protection at (401) 222-2749.

Licensure application materials are public records as mandated by Rhode Island law and may be made available to the public, unless otherwise prohibited by State or Federal law.

State of Rhode Island and Providence Plantations

Department of Health

Office of Food Protection

Facility Name: Please provide the name of the facility (as known to the public) for which you are applying for this license.	Name: _____
Facility Contact Person: Please provide the name and telephone number of a person we can contact concerning this facility.	Name: _____ Phone Number: ( ) _____
Facility Mailing Information: Please provide the mailing information for all communication regarding this license. (**Not published on HEALTH website).**	Address Line 1 _____ Address Line 2 _____ Address Line 3 _____ City, State, Zip Code _____ Country (only if not in US) _____ Phone: _____ Fax: _____ Email Address: _____
Facility Location Information: Please provide the location information for this facility. (P**ublished on HEALTH website)**	Address Line 1 _____ Address Line 2 _____ Address Line 3 _____ City, State, Zip Code _____ Country (only if not in US) _____ Phone: _____ Fax: _____ Email Address: _____
Ownership Type: Please check ONE	☐ Corporation ☐ Limited Liability Company ☐ Governmental Entity ☐ Sole Proprietorship ☐ Partnership ☐ Limited Partnership ☐ Partner
Ownership Information: Please provide the ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or	**LIST ONE ONLY - DO NOT SEND ATTACHMENTS** Name: _____ DBA (Doing Business As): _____

Ownership Address Information: Please provide the address and telephone number(s) of the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.	Address Line 1 _____ Address Line 2 _____ Address Line 3 _____ City, State, Zip Code _____ Phone: _____ Fax: _____ Email Address: _____
Vehicle Registration Information: **For Year Round and Seasonal/Truck Only.**	Please indicate the vehicle registration information below. Vehicle Registration State _____ Vehicle Registration Plate _____
<u>Certified Food Safety Manager(s) is required if potentially hazardous foods are prepared.</u> If you need additional space, please submit under separate cover.	Does this facility have a certified food safety manager? ☐ Yes ☐ No If yes, please indicate name and license number below of primary food safety manager. Name: _____ FMC #: _____
Menu:	Please attach a copy of a complete menu for your mobile food service.
Affidavit of Applicant Read, sign, and date this affidavit.	**AFFIDAVIT AND SIGNATURE** **This Application Must be Signed** **I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of this License in the State of Rhode Island.** **I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed.** _____ _____ **Signature of Authorized Person** **Date of Signature (MM/DD/YY)** _____ **Printed Name of Authorized Person** _____ **Title of Authorized Person**

Applicant: Print your complete last name >

State of Rhode Island and Providence Plantations

DEPARTMENT OF HEALTH

Office of the Director

Cannon Building
3 Capitol Hill
Providence, RI 02908-5097

Mandatory Addendum to License Application

Verification of Social Security Number/Federal Employer Identification Number and affidavit concerning taxpayer status

Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.

Signature	Date	Federal Employer Identification Number (FEIN)

Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode Island Division of Taxation pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended.

This form MUST be completed, signed and attached to your license application in order for us to process your application.