

RI Department of Health

Application and Instructions for Food Business:



- 50 Seats or Less
- More Than 50 Seats

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:

Less than 50 Seats	\$160.00
50 or more Seats	\$240.00

- 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.

Please complete the section(s) below.

Note to Applicants submitting plans:

Plan Review

RIGL 23-1-31. Approval of construction by director. – A plan review fee for new establishments, and for establishments where the cost of renovation exceeds 50 percent (50%) of the value of the establishment, shall be charged. The plan review fee for these establishments shall equal the annual cost of the license/registration.

A plan review fee of \$_____ is included with this application.

I have enclosed a separate check/money order payable to "General Treasurer, State of Rhode Island".

Please check and indicate the type of operation by choosing **one** only.

Bar, Lounge, Tavern

Fast Food Service

Luncheonette, Snack Bar, Fountain

Scoop Ice Cream/Novelties (no manufacturing)

Take-Out Only

Other (describe) _____

Cafeteria, Buffet Service

Full Service Restaurant

School (Satellite)

School (In-Feed)

Adult Day Care

<p>Facility Location Information:</p> <p>Please provide the location information for this facility.</p> <p>(Published on HEALTH website)</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>City, State, Zip Code _____</p> <p>Country (only if not in US) _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>
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<p>Ownership Type:</p> <p>Please check ONE</p> <p>Corporation</p> <p>Governmental Entity</p> <p>Partnership</p> <p>Partner</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>Limited Liability Company</p> <p>Sole Proprietorship</p> <p>Limited Partnership</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
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<p>Ownership Information:</p> <p>Please provide the ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p>	<p>LIST ONE ONLY - DO NOT SEND ATTACHMENTS</p> <p>Name: _____</p> <p>DBA (Doing Business As): _____</p>
<p>Ownership Address Information:</p> <p>Please provide the address and telephone number(s) of the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p>	<p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>City, State, Zip Code _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>
<p>Water Supply:</p>	<p>Does this establishment receive all or a portion of its water supply from an on-site well?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Sewage System:</p>	<p>Is this establishment serviced by a private sewage system (e.g. septic system)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Employees: Please indicate the number and types of employees.	Number of food handling employees: _____ Number of non-food handling employees: _____
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<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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name and license number below of primary food safety manager. Name: _____ FMC #: _____
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Chain Information:	Is this facility part of a chain operation? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Liquor License:	If your facility has a liquor license please indicate the type below. <input type="checkbox"/> Class BV <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/> Class F
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Menu:	Please attach a copy of a complete menu from your establishment.
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Affidavit of Applicant Read, sign, and date this affidavit.	<p>AFFIDAVIT AND SIGNATURE</p> <p>This Application Must be Signed</p> <p>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.</p> <p>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.</p> <p>_____</p> <p>Signature of Authorized Person</p> <p>_____</p> <p>Printed Name of Authorized Person</p> <p>_____</p> <p>Title of Authorized Person</p> <p>_____</p> <p>Date of Signature (MM/DD/YY)</p>
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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.