# RI Department of Health

# Application and Instructions for:

Food Warehouse

_____
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. | | |

# 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:**

| | |
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| **Food Warehouse** | **$190.00** |

- 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 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”.

# State of Rhode Island and Providence Plantations
## Department of Health
## Office of Food Protection

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

| | |
|---|---|
| **Ownership Address Information**:<br><br>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 _____<br>Address Line 2 _____<br>Address Line 3 _____<br>City, State, Zipcode _____<br>Phone: _____<br>Fax: _____<br>Email Address: _____ |
| **Water Supply:** | Does this establishment receive all or a portion of its water supply from an on-site well?<br>☐ Yes ☐ No |
| **Sewage System:** | Is this establishment serviced by a private sewage system (e.g. septic system)?<br>☐ Yes ☐ No |
| **Affidavit of Applicant**<br><br>Read, sign, and date this affidavit. | **AFFIDAVIT AND SIGNATURE**<br><br>**This Application Must be Signed**<br><br>**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.**<br><br>**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.**<br><br>**Signature of Authorized Person** — **Date of Signature (MM/DD/YY)**<br><br>**Printed Name of Authorized Person**<br><br>**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.**