

## INSTRUCTIONS

- Submit the application and fees at least 30 days before you plan to open.
- Fill out the application clearly and completely. It must be signed. Incomplete applications will be returned and will delay the licensing process.
- Make your check or money order payable to the Vermont Department of Health. Fees are non-refundable.
- Submit a plan review for all new construction and major renovations. Refer to the Plan Review Checklist for requirements. There is no fee for a plan review.
- Submit a draft of the proposed menu.
- Submit a copy of the water/wastewater permit for the building, or documentation from an engineer in lieu of a wastewater permit. Contact a regional office if you don't have a permit for your project.
- Submit a printed application. Mail the complete application packet to Vermont Department of Health, Food & Lodging Program.

Food & Lodging Program  
280 State Drive  
Waterbury, VT 05671-8350

- You can also apply online at [healthvermont.gov/food-lodging](http://healthvermont.gov/food-lodging).

## NEXT STEPS

- After the application is processed, a public health inspector will contact you to discuss your business details and to schedule a preliminary or opening inspection.
- A license is issued after passing an opening inspection and is valid for one year from the date of inspection. The license will be emailed within ten business days after inspection.
- License application materials are public records as mandated by Vermont law and may be made available to the public, unless otherwise prohibited by State or Federal law.
- For questions, call the Food & Lodging Program at 802-863-7221.

### **DON'T FORGET TO INCLUDE:**

- ✓ Application
- ✓ Fees
- ✓ Menu
- ✓ Wastewater permit

### **YOU MAY ALSO NEED:**

- ✓ Water test results
- ✓ Plan review

# I. Facility Information

## Business Status

**New** – New construction/change in use. A Plan Review is required for new construction.

**Change of Ownership** – The space has been licensed for food service in the past but will operate under a new legal entity

Date of Legal Ownership Change:

**Shared Kitchen** – New license in existing facility

**Renewal** – Renewal of an existing license

**Planned Opening Date:**

**Facility Name (dba)** Provide the name as it will be known to the public.

Name:

**Location Information** Provide the physical location of the business.

Street Address:

City:

State:

Zip:

**Facility Contact Information** Contact information for the facility. Renewal notices will be sent to this email and postal address.

Mailing Address:

City:

State:

Zip:

Phone:

Email:

**Inspection Contact** Contact for questions about this application and scheduling the inspection.

Name:

Title:

Phone:

Email:

**Emergency Contact** Provide an emergency contact in the event of fire, flood, or disease outbreak.

Name:

Title:

Phone:

Email:

License ID#	
Date Received	
License Fee Amount Received	
Check or Money Order Number	
Public Health Inspector Assigned	
Plan Review	REQ SUB APP N/A
License Issuance Approval	Initials Date

## II. Owner Information

**Business Registration** What type of entity owns this business? Please check ONE"

Corporation (Inc.)	Limited Partnership	Governmental Entity	Nonprofit
Sole Proprietorship	LLC	Partnership	School

**Legal Owner** Provide the legal name of the ownership entity

Owner Address:

City: State: Zip:

Phone: Email:

## III. Operations Information

**License Categories** Check all that apply. For descriptions of license categories see the [Guide to Opening a Food Establishment](#) or the [Guide to Opening a Home-Based Food Business](#)

Restaurant			
1-25 Seats	\$105	Small Commercial Bakery	\$200
26-50 Seats	\$180	Large Commercial Bakery	\$350
51-100 Seats	\$300	Commercial Caterer	\$260
101-200 Seats	\$385	Mobile Unit	\$260
201-599 Seats	\$450	Push Cart	\$260
600+ Seats	\$1000	Limited Operation	\$140
		Seafood Vendor	\$200
Home Bakery	\$100	Shellfish Reshipper/Repacker	\$375
Home Caterer	\$155		

**Special Processes** Check all types of products or processes that will occur at the establishment. Refer to the [Specialized Processing Methods in a Retail Food Service Establishment](#) guidance document.

Reduced Oxygen Packaging of TCS Foods	Curing, Smoking, and Drying of Fish
Custom Processing of Meat for Personal Use	Using Food Additives to Extend Shelf Life
Curing and Smoking of Meat and Poultry	Fermentation of Sausages
Drying of Meat and Poultry	Uninspected Poultry
Molluscan Shellfish Tanks	Wild Mushroom Harvesting
Packaging Juices	Sprouting Seeds or Beans
No Specialized Processing Will Occur	

**Certified Food Safety Manager** Provide the name and certificate information of the food safety manager.

Name:

Accredited Program:

Expiration Date:

Check here if no Certified Food Safety Manager:

**Menu** A proposed menu is attached.

**Operating Times:**

Hours of operation:

Days of operation:

If seasonal, months of operation:

**Previously Licensed** If known, provide the name of the business previously at this address.

Name:

**Language Preferences:**

What languages do you speak?

Do you need an interpreter?

## IV. Physical Location Information

**Water Supply** Does the establishment receive all or a portion of its water from an onsite well?

Yes – Include copy of recent coliform/*E.coli* water test results.

No – List name of municipal water system:

**Sewage System** Is this establishment serviced by a private sewage system (e.g. septic system)?

Yes

No

**Wastewater Capacity** The [Department of Environmental Conservation](#) issues a wastewater permit for onsite food preparation and seating capacity, if applicable.

WW Permit #:

Number of seats allowed on WW permit:

Number of toilet rooms available to customers:

Not Applicable (mobile unit, push cart, home kitchen):

Documentation submitted in lieu of a WW permit:

**Registration (mobile units only)** License Plate Number:

## V. Compliance Certification

### Applicant's Statement Regarding Child Support and Vermont Taxes

Under Vermont law, you are required to certify that you are in "good standing" on child support payments before you can receive a professional license or other business or trade certification. (You can read the law by searching the internet for 15 V.S.A. § 795.)

Your signature on this application indicates you are in "good standing" on child support because one of these applies:

- You are not required to pay child support.
- You owe less than one month of support.
- You are currently disputing the child support you owe in court.
- You owe child support but are complying with a payment plan.
- This does not apply because it is a business seeking certification.

Under Vermont law, you are required to certify that you are in "good standing" on taxes owed to the State of Vermont before you can receive a professional license or other business or trade certification. (You can read the law by searching the internet for 32 V.S.A. § 3113.)

Your signature on this application indicates you are in "good standing" with Vermont taxes because one of these applies:

- You have filed all your tax returns and do not owe any taxes.
- You are currently appealing the amount of taxes you owe.
- You owe taxes but are complying with a payment plan with the Commissioner of Taxes.

If you are not in good standing, you can ask the licensing authority to consider whether requiring you to become current on child support or Vermont taxes before issuing a license would be an unreasonable hardship.

I hereby certify that I am in good standing with regard to child support and Vermont taxes. I further certify that all information stated in this application is true and accurate to the best of my knowledge. I understand that providing false information or leaving out information is against the law and may cause me to lose my license/certification/registration.

Printed Name:

Date:

Signature:

Title:

Tax ID Number OR Social Security Number: