

# 经营零售食品店许可证申请表

## 说明

请在计划开业前至少 30 天提交申请和缴纳费用。

清晰、完整地填写申请表。必须签名。未完整填写的申请表将被退回，这将延缓许可流程。

请将支票或汇票抬头写为 Vermont Department of Health。一旦支付费用后，就无法退还。

所有新建和重大改造工程都要提交计划审查。计划审查不收费。

提交一份拟议菜单草案。

提交一份建筑物用水/废水许可证副本，或由工程师出具的代替废水许可证的信函。如果您的项目没有许可证，请联系[地区办事处](#)（英文链接，但可使用 Google 翻译）。

请将完整的申请材料包邮寄至：

VT Dept of Health  
Environmental Health  
Food & Lodging Program  
280 State Drive  
Waterbury, VT 05671-8350

## 后续步骤

我们收到您的申请后，公共卫生检查员会与您联系，了解您的业务详情并安排检查。

通过检查后，您将获得许可证。许可证自检查之日起一年内有效。

根据法律规定，许可证申请材料属于公共记录。这意味着可以向公众提供这些信息，除非州或联邦法律另行禁止。

如有疑问，请致电 802-863-7221 联系食品与住宿计划 (Food & Lodging Program)。如需语言服务，请拨打 802-863-7220，然后按 0。

## 设施信息

1. 这是哪种类型的申请？

- 新的 - 新建或改变用途。新建项目需要进行计划审查。
- 所有权变更 - 该场所过去已获得过餐饮服务许可证，但将由新的法人实体经营。
- 共用厨房 - 在现有设施内新建厨房。

续期 - 现有许可证的续期。

2. 计划开业日期

3. 设施名称 (dba)。请提供面向公众的名称。

4. 位置信息。请提供实际经营位置，包括街道、城市和邮政编码。

5. 提供该设施的联系信息。许可证续期的通知将发送到此地址。请写下街道、城市、州、邮政编码、电话号码和电子邮件。

6. 有关本申请的问题和安排检查的联系人是谁？ 请写下姓名、职务、电话号码和电子邮件。

7. 有关本申请的问题和安排检查的紧急联系人是谁？ 请写下姓名、职务、电话号码和电子邮件。

## 所有者信息

1. 业务注册。该业务归哪类实体所有？ 公司 (Inc.)、有限责任公司 (LLC)、有限合伙企业、政府实体、非营利组织、独资企业、合伙企业或学校。

2. 法定所有者。提供所有权实体注册时的准确法定名称。

3. 所有者地址。请写下街道、城市、州、邮政编码、电话号码和电子邮件。

## 经营信息

1. 许可证类别。请勾选所有适用项。有关许可证类别的说明，请参阅《[开办食品店指南](#)》（英文链接，但可使用 Google 翻译）或《[开办家庭企业指南](#)》（英文链接，但可使用 Google 翻译）。

- 餐厅 1-25 个座位 \$105
- 餐厅 26-50 个座位 \$180
- 餐厅 51-100 个座位 \$300
- 餐厅 101-200 个座位 \$385
- 餐厅 201-599 个座位 \$450
- 餐厅 600+ 个座位 \$1000
- 家庭烘焙店 \$100
- 家庭餐饮服务 \$155
- 小型商业烘焙店 \$200
- 大型商业烘焙店 \$350
- 商业餐饮服务 \$260
- 流动餐饮车 \$260
- 手推车 \$260
- 有限经营 \$140
- 海鲜供应商 \$200
- 贝类再装运/再包装 \$375

2. 特殊加工。请勾选该场所内所有生产或加工类型。请遵照《[零售餐饮场所的专业加工方法](#)》（英文链接）。

- TCS 食品的低氧包装
- 定制加工自用肉类
- 肉类和家禽的腌制和熏制
- 肉类和家禽的干燥
- 软体贝类水槽
- 包装果汁
- 鱼类的腌制、熏制和干燥
- 使用食品添加剂延长保质期
- 香肠发酵
- 未经检验的家禽

- 采摘野生蘑菇
- 种子或豆芽催发
- 不会进行专业加工

3. 如果您有认证食品保护经理，请提供姓名、认证项目和有效期。

4. 列出您拟议的菜单项，或将清单作为单独文件随申请表一起提交。

5. 您打算在一周的哪些天和哪些时间营业？

6. 如果是季节性的，您将在哪些月份营业？

7. 如果您知道，请提供以前在该地址经营的企业名称。

8. 您会说哪些语言？

9. 检查时需要翻译吗？ 如果回答为“是”，哪种语言？

## 实体位置

1. 该场所是否从现场水井取水？

- 是 - 提供最近的大肠菌群/大肠杆菌（细菌）水质检测结果副本。
- 否，所有用水都来自市政供水系统。

2. 该机构是否有私人排污系统，如化粪池系统？

3. 环境保护部颁发废水许可证，其中明确规定餐饮服务和允许的具体座位数。建筑物的废水许可证编号是多少？

4. 废水许可证上允许有多少个座位？

5. 有多少间厕所可供顾客使用？

6. 本条仅针对流动餐饮车，车牌号是多少？

## 合规认证

申请人关于子女抚养费 and 佛蒙特州税费的声明

根据佛蒙特州法律，您必须证明自己在支付子女抚养费方面“状况良好”，才能获得专业许可证或其他商业或行业认证。（您可以在互联网上搜索 **15 V.S.A. § 795** 以阅读该法律）。在本申请表上签名意味着您符合以下条件之一，您在子女抚养费方面“状况良好”：

- 您无需支付子女抚养费。
- 您欠的抚养费不足一个月。
- 您目前正就所欠的子女抚养费向法院提起诉讼。
- 您尚未付清子女抚养费，但将遵守付款计划支付。
- 此条不适用，因为它是一家申请认证的企业。

根据佛蒙特州法律，您必须证明您在佛蒙特州的纳税方面“状况良好”，才能获得专业许可证或其他商业或行业认证。（您可以在互联网上搜索 **32 V.S.A. § 3113** 以阅读该法律）。在本申请表上签名意味着您符合以下条件之一，您在佛蒙特州的纳税方面“状况良好”：

- 您已提交了所有报税表，并且不欠税。
- 您目前正在就所欠税款金额提出上诉。
- 您欠税，但将遵守税务局局长的付款计划。

如果您的状况不够好，您可以要求发证机构考虑要求您在发放许可证前及时缴纳子女抚养费或佛蒙特州税款是否会造成不合理的困难。本人特此证明，我在子女抚养费和佛蒙特州纳税方面状况良好。本人还证明，据我所知，本申请表中提供的所有信息均真实、准确。本人知道提供虚假信息或遗漏信息是违法行为，并可能导致本人失去许可证/证书/注册登记。

大写姓名和职务：

签名：

日期：

税号或社会保险号：

**下面的方框仅供工作人员填写。您无需填写。**

OFFICE USE ONLY				
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		

# Application for License to Operate a Retail Food Establishment

## 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. Applications that are not filled out completely will be returned, which will slow down the licensing process.

Make your check or money order payable to the Vermont Department of Health. Once you pay the fee, you cannot get that money back.

Submit a plan review for all new construction and major renovations. 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 a letter from an engineer instead of a wastewater permit. Contact a [regional office](#) (link in English, but Google Translate is available) if you do not have a permit for your project.

Mail the complete application packet to:

VT Dept of Health  
Environmental Health  
Food & Lodging Program  
280 State Drive  
Waterbury, VT 05671-8350

## Next Steps

After we receive your application, a public health inspector will contact you to talk about your business details and to schedule an inspection.

You will get a license after passing the inspection. The license is valid for one year from the date of the inspection.

By law, license application materials are public records. This means they 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. For language services, call 802-863-7220 then press 0.

## Facility Information

1. What type of application is this?

- New – New construction or a 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.
- Shared Kitchen – New kitchen in existing facility.
- Renewal – Renewal of an existing license.

2. Planned Opening Date

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

4. Location Information. Provide the physical location of the business, including street, city, and zip code.

5. Provide the contact information for the facility. Notices to renew your license will be sent to this address. Include street, city, state, zip code, phone number and email.

6. Who is the contact for questions about this application and scheduling the inspection? Include name, title, phone number and email.

7. Who is the emergency contact for questions about this application and scheduling the inspection? Include name, title, phone number and email.

### Owner Information

1. Business Registration. What type of entity owns this business? Corporation (Inc.), LLC, Limited Partnership, Governmental Entity, Nonprofit, Sole Proprietorship, Partnership, or School

2. Legal Owner. Provide the exact legal name of the ownership entity as it is registered.



3. Owner Address. Include street, city, state, zip code, phone number and email.

## Operations Information

1. License Categories. Check all that apply. For descriptions of license categories see the [Guide to Opening a Food Establishment](#) (link in English, but Google Translate is available) or the [Guide to Opening a Home-Based Business](#) (link in English, but Google Translate is available).

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

2. Special Processes. Check all types of products or processes that will occur at the establishment. Follow the [Specialized Processing Methods in a Retail Foodservice Establishment](#) (link in English).

- Reduced Oxygen Packaging of TCS Foods
- Custom Processing of Meat for Personal use
- Curing and Smoking of Meat and Poultry
- Drying of Meat and Poultry
- Molluscan Shellfish Tanks
- Packaging Juices

- Curing, Smoking and Drying of Fish
- Using Food Additives to Extend Shelf Life
- Fermentation of Sausages
- Uninspected Poultry
- Wild Mushroom Harvesting
- Sprouting Seeds or Beans
- No Specialized Processing Will Occur

3. If you have a Certified Food Protection Manager, provide the name, accredited program, and expiration date.

4. List your proposed menu items, or send the list as a separate document with the application.

5. What hours and days of the week do you intend to operate?

6. If seasonal, what months will you be operating?

7. If known, provide the name of the business previously at this address.

8. What languages do you speak?

9. Do you need an interpreter for the inspection? If yes, which language?

### Physical Location

1. Does the establishment receive any of its water from an onsite well?

- Yes – Include a copy of recent coliform/E.coli (bacteria) water test results.
- No, all water comes from a municipal water system.

2. Is this establishment serviced by a private sewage system, such as a septic system?

3. The Department of Environmental Conservation issues a wastewater permit that specifies food service and a specific number of seats allowed. What is the wastewater permit number for the building?

4. How many seats are allowed on the wastewater permit?

5. How many toilet rooms are available to customers?

6. For mobile units only, what is the license plate?

## 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 and Title:

Signature:

Date:

Tax ID Number OR Social Security Number:

**The box below is for office use only. You do not need to fill it out.**

OFFICE USE ONLY	
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