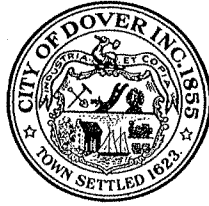


JAIMIE DONOVAN
Health Officer
j.donovan@dover.nh.gov



Mailing Address: 288 Central Avenue
Dover, NH 03820

Physical Address: North End Fire Station
262 Sixth Street
Dover, New Hampshire 03820-4169

Tel: (603) 516-6038 Fax: (603) 516-6146

City of Dover, New Hampshire

Permit application for: Food service establishments, Bakeries, food stores, night clubs/bars,
prepackaged foods, catering, private clubs, mobile units.

NEW APPLICATION: _____ RENEWAL: _____ PREVIOUS LIC. # _____
(OFFICE USE)

ESTABLISHMENT/BUSINESS NAME: _____

ESTABLISHMENT OWNER: _____

ESTABLISHMENT ADDRESS: _____

BILLING ADDRESS: _____

BUILDING OWNER: _____

ADDRESS OF OWNER: _____

PHONE #'S (establishment) _____ (owner) _____ (other) _____

EMAIL ADDRESS FOR OWNER: _____

HOURS OF OPERATION: (Mon. – Fri.) _____ (Sat. – Sun.) _____

MOBILE UNIT/VENDOR, LOCATION/STOPS & TIMES: _____

VEHICLE REGISTRATION: _____

TYPE OF ESTABLISHMENT: _____

NON-PROFIT: _____

TOTAL SEATING CAPACITY: (including lounge, inside and outside seating) _____

*Any food establishment license/permit granted under this application is expressly conditional upon continued adherence to all state and local laws and regulations including land use regulations relating to the operation of the permitted establishment. Any license/permit granted hereunder may be suspended or revoked for violation of any such laws or regulations. Repeated critical violations shall be reason for review of this license/permit issued under this application by the board of health.

APPLICANT SIGNATURE: _____ DATE: _____

UNDER REVIEW: _____ APPROVED: _____

(ref. chapter 99 of the City of Dover eating and Drinking establishment and hep-2300 State of N.H. sanitary production and distribution of food)