

# Rhode Island Department of Health

## Application and Instructions for Food Business:



- Food Processor Retail In-State
- Food Processor Wholesale In-State
- Food Processor Wholesale Out of State
- Food Distributor In-State
- Food Distributor Out of State

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.
- **Upon receipt of your completed application by the Department of Health, Office of Food Protection, please call (401) 222-2749 to schedule an operational inspection(IN-STATE ONLY) 2 weeks prior to opening. Note: You must have or employ an active Certified in Food Safety Manager registered with the Office of Food Protection (if applicable) prior to inspection.**

**Initial registration fee is prorated based on the date of application registration (check ONE below), automatic renewal payment due on following September 30 cycle at 100%.**

Licensing Cycle Expiration Date 9/30	August 1-December 31 (100%)	January 1-March 31 (75%)	April 1-July 31 (50%)
Food Processor Retail	\$120.00 <input type="checkbox"/>	\$90.00 <input type="checkbox"/>	\$60.00 <input type="checkbox"/>
Food Processor Wholesale In/Out-of-State	\$300.00 <input type="checkbox"/>	\$225.00 <input type="checkbox"/>	\$150.00 <input type="checkbox"/>
Food Processor Distributor In-Out-of-State	\$300.00 <input type="checkbox"/>	\$225.00 <input type="checkbox"/>	\$150.00 <input type="checkbox"/>

- 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.

### IN-STATE WHOLESALE ONLY REQUIRED ATTACHMENTS:

- **Operational Plan (raw ingredients to finish product and packaging)**
- **List of Food Suppliers**
- **Lease Agreement**
- **List of Products to be produced**
- **Labels (Name of product, address, weight and ingredients)**
- **Time of Operation and Number of Employees**
- **Food Safety Manager**
- **Application must be signed**
- **The Mandatory Addendum form (FEIN) Federal Employer Identification Number**

- **Construction application and fee with 3 sets of plans for new site or kitchen remodel**

**OUT OF STATE WHOLESALE ONLY  
REQUIRED ATTACHMENTS:**

A Copy of the current certificate of approval/license and inspection report from appropriate health or other regulatory agency and water sample results (if on a private well).

Provide a list of the items processed in the manufacturing facility. Include: Product Label name, flavors, fluid oz., UPC bar codes, and container (cardboard, plastic, glass etc.), as well as a list of companies you process for.

**Please complete the section(s) below.**

**Note to Applicants submitting plans:**

**Plan Review (In-state only)**

**One time plan review fee is not prorated**

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.

Plan review fee Food Processor Retail....\$120.00

Plan review fee Food Processor In-State only....\$300.00

Plan review fee Distributor In-State only....\$300.00

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.

Bakery – Manufacturing

Seafood Processor

Meat Processor

Cheese Processor

Miscellaneous Food Items

Broker

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

<p><b>Facility Name:</b></p> <p>Please provide the name of the facility (as known to the public) for which you are applying for this license.</p>	<p>Name:</p>								
<p><b>Facility Contact Person:</b></p> <p>Please provide the name and telephone number of a person we can contact concerning this facility.</p>	<p>Name:</p> <p>Phone Number: (            )</p>								
<p><b>Facility Mailing Information:</b></p> <p>Please provide the mailing information for all communication regarding this license.</p> <p><b>(Not published on HEALTH website).</b></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>								
<p><b>Facility Location Information:</b></p> <p>Please provide the location information for this facility.</p> <p><b>(Published on HEALTH website)</b></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>								
<p><b>Ownership Type:</b></p> <p>Please check ONE</p>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Limited Liability Company</td> </tr> <tr> <td><input type="checkbox"/> Governmental Entity</td> <td><input type="checkbox"/> Sole Proprietorship</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Limited Partnership</td> </tr> <tr> <td><input type="checkbox"/> Partner</td> <td></td> </tr> </table>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Governmental Entity	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Partner	
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<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership								
<input type="checkbox"/> Partner									
<p><b>Ownership Information:</b></p> <p>Please provide the ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p>	<p style="text-align: center;"><b>LIST ONE ONLY - DO NOT SEND ATTACHMENTS</b></p> <p>Name:</p> <p>DBA (Doing Business As):</p>								

<p><b>Ownership Address Information:</b></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><b>Water Supply:</b></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><b>Sewage System:</b></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>
<p><b>Employees:</b></p> <p>Please indicate the number and types of employees.</p>	<p>Number of food handling employees:</p> <p>Number of non-food handling employees:</p>
<p><b><u>Certified Food Safety Manager(s) is required if potentially hazardous foods are prepared.</u></b></p> <p>If you need additional space, please submit under separate cover.</p>	<p>Does this facility have a certified food safety manager?    <input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>If yes, please indicate name and license number below of primary food safety manager:</p> <p>Name: _____</p> <p>FMC #: _____</p>
<p><b>Chain Information:</b></p>	<p>Is this facility part of a chain operation?</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>
<p><b>Label Requirements:</b></p> <p>(Processors only)</p>	<p>Please attach a copy of labels with the weight, ingredients, and allergens.</p>
<p><b>Interstate Meat/Poultry Shipments:</b></p> <p>(Meat/Poultry Processing Plants only)</p>	<p>USDA Plant No:</p>
<p><b>Broker:</b></p>	<p>Enclose a copy of your broker registration certificate (if required from your regulatory agency).</p>
<p><b>SSN/FEIN:</b></p> <p><b>(Social Security Number/Federal Employer Identification Number)</b></p> <p>Please note if you are a sole proprietor this number may be your SSN.</p>	<p>Pursuant to Chapter 76 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.</p> <p><b>SSN/FEIN #:</b></p>

**AFFIDAVIT AND SIGNATURE**

**This Application Must be Signed**

**Affidavit of Applicant**

Read, sign, and date this affidavit.

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.

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.

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Signature of Authorized Person

Date of Signature  
(MM/DD/YY)

Printed Name of Authorized Person

Title of Authorized Person