



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
CENTER FOR FOOD PROTECTION

3 Capitol Hill
Providence, RI 02908-5097
Office: (401) 222-2749
www.health.ri.gov

APPLICATION INSTRUCTIONS FOR RETAIL FOOD SERVICE BUSINESSES

General Information: This application must be completed to obtain a license for the following types of retail food service businesses: Restaurants (with or without seating), Non-Profit Food Services, Caterer, and Commissary. This application should only be used to open a new business. Renewal of existing licenses should be completed online at: <https://healthri.mylicense.com/> Registration shall be based upon **satisfactory compliance** with all applicable laws and regulations.

Applications must be either typed or legibly printed using a ball point pen, except signatures, which must be written in ink. Please answer all questions. A Federal Employer Identification Number (FEIN) must be included on this application. Do not leave blanks. **Incomplete applications may be returned to you and your license/permit will not be issued.**

Attach check/money order made payable to "General Treasurer, State of Rhode Island" to the front of this application and mail to: Center for Food Protection, 3 Capitol Hill, Room 203, Providence, RI 02908-5097. **Do not send cash.** A receipt or canceled check does not guarantee licensure. **Fees are non-refundable.**

Call the Department of Health, Center for Food Protection at 401-222-2749 to schedule a pre-operational inspection two weeks prior to opening. Note: If applicable, you must employ an active Certified Food Safety Manager registered with the Department of Health, Center for Food Protection prior to inspection.

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.

SUPPORTING DOCUMENTS - Please be prepared to submit the following documents with the application:

- Menu** of all foods that will be served. Please attach a copy of a complete menu from your establishment/facility.
- Construction Application:** If this is a new construction or renovation that exceeds 50% of the value of the establishment, a Construction Application will also need to be completed and submitted along with this application. See Section #2: Plan Review. The Construction Application can be found at: <http://health.ri.gov/applications/FoodEstablishmentNewConstruction.pdf>
- Operational Plan** (Note: This only applies for new businesses or if there is a change of use or operation.): Submit a plan that identifies the intended menu, anticipated volume of food, proposed layout/equipment, and standard procedures to ensure compliance with the Food Code.
- Lease Agreement:** If you are renting space at a commissary or incubator kitchen, please attach a copy of your signed lease agreement.
- Non-Profit Food Service:** For a non-profit food service, please attach 501(c)(3) documentation.



APPLICATION INSTRUCTIONS FOR RETAIL FOOD SERVICE BUSINESSES

Proof of Approved Water Supply and Wastewater Treatment System Type

Public Water Service/Public Sewer Connection

You may submit a recent copy of water and/or sewer bill as proof of public system connections.

On-Site Well Requirements

If your business is served by an on-site well, please provide a copy of the RIDOH **Public Water System (PWS) License**.

On-Site Wastewater Treatment System (OWTS) (a.k.a. Septic System) Requirements

- **New OWTS (Septic System):** If your business will discharge wastewater into a newly constructed and conformed OWTS, please provide a copy of the Department of Environmental Management (DEM) **approved "OWTS Construction Permit Application"** (www.dem.ri.gov/programs/benviron/water/permits/isds/pdfs/isdsappl.pdf) and the DEM "**Certificate of Conformance**." These documents can be obtained from the DEM OWTS Permitting Program: www.dem.ri.gov/septic.
- **Existing OWTS (Septic System):** If your business will discharge wastewater into an existing OWTS, please provide a copy of your DEM System Suitability Determination (SSD) Approval (www.dem.ri.gov/programs/benviron/water/permits/isds/pdfs/ssdrescom.pdf). An SSD application must be submitted to DEM. An SSD Approval will only be issued by DEM if the existing OWTS is adequately sized and "suitable" to treat the wastewater generated by the proposed business. Application forms can be obtained from the DEM OWTS Permitting Program: www.dem.ri.gov/septic.
- **Cesspools:** Cesspools are substandard wastewater treatment systems that typically do not include a soil treatment area (e.g. leachfield). If the proposed business will discharge into a cesspool, the cesspool will need to be eliminated and replaced with a new OWTS or a connection to a municipal sewer system (if applicable). Contact the DEM OWTS Permitting Program for guidance on applying for a new OWTS Construction Permit. Visit www.dem.ri.gov/septic to get started.



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APPLICATION FOR RETAIL FOOD SERVICE BUSINESSES

Name of Business (Doing Business As):

Previous Business Name & License Number (if any) at this Address:

LICENSE TYPE: Indicate the type of license that best describes your establishment/facility. (Required)	
Check the box that describes your business.	Please check the box that best describes your type of business operation. Please check only <u>one</u> box
Food Service Establishment/Restaurant: <input type="checkbox"/> Less Than 50 Seats <input type="checkbox"/> 50 Seats or More	<input type="checkbox"/> Day Care <input type="checkbox"/> Bar, Lounge, Tavern <input type="checkbox"/> Cafeteria, Buffet Service <input type="checkbox"/> Fast Food Service <input type="checkbox"/> Full Service Restaurant <input type="checkbox"/> Health Care Facility <input type="checkbox"/> Luncheonette, Snack Bar, Fountain <input type="checkbox"/> School (Satellite) <input type="checkbox"/> School (In-feed) <input type="checkbox"/> Take-out only <input type="checkbox"/> Scoop Ice Cream/Novelties (no manufacturing) <input type="checkbox"/> Other (please describe) _____
<input type="checkbox"/> Caterer (An establishment that prepares, delivers, and serves food for a separate contracted occasion at a home or another facility like a club.)	<input type="checkbox"/> College/University <input type="checkbox"/> Health Care Facility <input type="checkbox"/> Full Service Restaurant <input type="checkbox"/> Other (please describe) _____
<input type="checkbox"/> Commissary (An establishment that serves as an operating base kitchen that retail vendors use for food preparation, storage, and other activities.)	<input type="checkbox"/> Bar, Lounge, Tavern <input type="checkbox"/> Cafeteria, Buffet Service <input type="checkbox"/> Churches/Clubs/Bazaar <input type="checkbox"/> Fast Food Service <input type="checkbox"/> Full Service Restaurant <input type="checkbox"/> Luncheonette, Snack Bar, Fountain <input type="checkbox"/> Take-out only <input type="checkbox"/> School (In-feed) <input type="checkbox"/> Health Care Facility <input type="checkbox"/> Other (please describe) _____
<input type="checkbox"/> Non-Profit Food Service* *You must attach 501(c)(3) with this application.	<input type="checkbox"/> Day Care <input type="checkbox"/> Bar, Lounge, Tavern <input type="checkbox"/> Cafeteria, Buffet Service <input type="checkbox"/> Health Care Facility <input type="checkbox"/> Churches/Clubs/Bazaars <input type="checkbox"/> Fast Food Service <input type="checkbox"/> Full Service Restaurant <input type="checkbox"/> Caterer <input type="checkbox"/> Commissary <input type="checkbox"/> Luncheonette, Snack Bar, Fountain <input type="checkbox"/> School (Satellite) <input type="checkbox"/> School (In-feed) <input type="checkbox"/> Take-out only <input type="checkbox"/> Scoop Ice Cream/Novelties (no manufacturing) <input type="checkbox"/> Temporary Event Other (please describe) _____

OFFICE USE ONLY		
	Initials	Date
Receipt No.:		
Approved by Field Officer Supervisor:		
License ID#:		
License No.:		

Date Stamp Here



DEPARTMENT OF HEALTH
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APPLICATION FOR RETAIL FOOD SERVICE BUSINESSES

1. LICENSE FEES:

Note: Initial fee is prorated based on the date of application registration. Check only ONE box below.

Licensing Cycle Expiration Date 4/30	Mar. 1 – Jul. 31 (100%)	Aug. 1 – Oct. 31 (75%)	Nov. 1 – Feb. 28 (29 Leap Yr.) (50%)
Less than 50 seats	<input type="checkbox"/> \$160.00	<input type="checkbox"/> \$120.00	<input type="checkbox"/> \$ 80.00
50 or more seats	<input type="checkbox"/> \$240.00	<input type="checkbox"/> \$180.00	<input type="checkbox"/> \$ 120.00
Caterer or Commissary	<input type="checkbox"/> \$280.00	<input type="checkbox"/> \$210.00	<input type="checkbox"/> \$ 140.00
Food Service (Non-Profit)	<input type="checkbox"/> \$ 0.00	<input type="checkbox"/> \$ 0.00	<input type="checkbox"/> \$ 0.00

2. PLAN REVIEW: A plan review by RIDOH - Center for Food Protection will be required if this is new construction or if the cost of renovations will exceed 50% of the value of the establishment. A plan review fee may be waived if the cost of the renovations is less than 50% of the value of the establishment. **Note: The one-time plan review fee is not prorated.**

If your project is a new construction, renovation that exceeds 50% of the value of the establishment, or is a change in use, a **Construction Application** will also need to be completed and submitted along with this application. The **Construction Application** can be found at:

<http://health.ri.gov/applications/FoodEstablishmentNewConstruction.pdf>

Please include plan review fee with this application (if applicable – if you will be making renovations as described above). Check ONE below.

- Less Than 50 seats ... \$160.00 More Than 50 seats ...\$240.00
 Caterer/Commissary ... \$280.00 Non-Profit Food Service ... \$0.00

3. ESTABLISHMENT/FACILITY CONTACT PERSON

Please provide the name, telephone number, and email address of the person most responsible for daily operation of this establishment/facility.

Name:	Phone Number:
Email Address:	

4. FACILITY MAILING ADDRESS

Your mailing address will be used by RIDOH for all mailings, including the license. (Not published on HEALTH website – only the establishment location is published).

Address Line 1:		
Address Line 2:		
Address Line 3:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	
Email Address:		

5. ESTABLISHMENT/FACILITY LOCATION INFORMATION**Please provide the location information for this establishment/facility (Published on RIDOH website).**Complete below or check here if: Same as establishment/facility mailing address in # 4 above.

Address Line 1:

Address Line 2:

Address Line 3:

City: State: Zip Code:

Phone Number: Fax Number:

Email Address:

6. OWNERSHIP INFORMATION**Please provide the location information for this establishment/facility (Not published on RIDOH website).**Ownership Type - *Please check one:* Individual/ Sole Proprietor Corporation Partnership Limited Liability Company
 Governmental Entity Limited Partnership

Entity/Owner Name (List only one): DBA (Doing Business As):

Complete below or check here if: Same as mailing address in # 4 Same as establishment/facility address in # 5

Address Line 1:

Address Line 2:

Address Line 3:

City: State: Zip Code:

Country (only if not in USA): Email Address:

Phone Number: Fax Number:

Is this establishment/facility part of a chain operation? Yes No

If "Yes", please identify the name of the chain:

7. GENERAL INFORMATION**Water Supply:** Does this establishment/facility receive all or a portion of its water supply from an on-site well? Yes No

If "Yes", please attach a copy of the Public Water System (PWS) License issued by the RIDOH, Center for Drinking Water Quality. (Note: if not a PWS of record, contact RIDOH Center for Drinking Water Quality [401-222-6867] for guidance).

If "No", provide the name of the city/town water supply: (See Section# 8 below for acceptable supporting documents)

7. GENERAL INFORMATION (continued)

Wastewater Treatment System: Will this establishment/facility discharge into an On-Site Wastewater Treatment System (OWTS) (a.k.a. Septic System)?

Yes No

If "Yes," please see the Application Instructions for Proof of Approved Wastewater Treatment System (OWTS) Type Requirements.

If "No," does the establishment/facility have public sewer connections?

Yes No

Number of Seats: Please provide the number of proposed seats in each of the areas below and the total number of seats:

Inside: _____ Outside: _____ Bar: _____ Total Number of Seats: _____

Employees:

Please indicate the number and types of employees.

Number of food handling employees (i.e. chefs, cooks, other food preparers): _____

Number of non-food handling employees (i.e. host/hostess, wait staff, dishwashers): _____

Please note: Establishments/facilities which employ 10 or more full-time equivalent employees directly involved in food preparation shall employ at least 2 full-time, on-site managers certified in food safety.

Certified Food Safety Manager(s) are required at all times during preparation or service of time/temperature control for safety (TCS) foods (those that require cooking, cooling, hot-holding, etc.).

Does this establishment/facility have a **Certified Food Safety Manager?** Yes No

If "Yes", please provide name(s) and RIDOH license numbers below for primary Food Safety Managers.

Name: _____

FMC#: _____

Name: _____

FMC#: _____

Note: FMC# = Food Safety Manager Certificate number issued by RIDOH

8. SUPPORTING DOCUMENTS

Please attach/submit the following documents with this application:

Operational Plan that includes the following: (Note: This only applies for new businesses or if there is a change of use/operation.)

Menu: Please attach a copy of a complete menu from your establishment/facility.

Anticipated Volume of Food: Please provide number of seats or expected volume of food prepared/sold

Standard Procedures: What steps/practices will be used to ensure compliance with the Food Code?

Construction Application: If applicable, submit your **Construction Application** for new construction or renovations that includes proposed layout and proposed equipment.

Proof of Approved Water Source & Wastewater Treatment – You may submit a recent copy of water and/or sewer bill as proof of public system. If your business is on a Well or On-Site Wastewater Treatment System (OWTS), please see the Application Instructions for Proof of Approved On-Site Well and OWTS Requirements.

9. AFFIDAVIT & SIGNATURE

SSN/FEIN (Social Security Number/Federal Employer Identification Number)

Please note: if you are an Individual/Sole Proprietorship this number may be your SSN.



Pursuant to Chapter 79 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 to the state, or must have entered into a written agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

Provide your SSN/FEIN#: _____

Affidavit of Application

Please read, sign and date this affidavit: **This application must be signed.**

I have carefully read 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 changes in the answers to these questions after this application and this Affidavit are signed.

Signature of Authorized Person

Date of Signature (MM/DD/YY)

Printed Name of Authorized Person

Title of Authorized Person