

Revised 06/08/2015

Rhode Island Department of Health

Application and Instructions for Food Business:



Retail Food Peddler

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.		

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 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%)
Retail Food Peddler	\$100.00 <input type="checkbox"/>	\$75.00 <input type="checkbox"/>	\$50.00 <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.

Please complete section(s) below.

Note to Applicants submitting plans:

Plan Review

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.....\$100.00
 I have enclosed a separate check/money order payable to "General Treasurer, State of Rhode Island".

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

<p>Facility Name:</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>Facility Contact Person:</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>Facility Mailing Information:</p> <p>Please provide the mailing information for all communication regarding this license.</p> <p>(Not published on HEALTH website).</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>Facility Location Information:</p> <p>Please provide the location information for this facility.</p> <p>(Published on HEALTH website)</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>Ownership Type:</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"/> Partner									

Affidavit of Applicant

Read, sign, and date this affidavit.

AFFIDAVIT AND SIGNATURE

This Application Must be Signed

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.

Signature of Authorized Person

**Date of Signature
(MM/DD/YY)**

Printed Name of Authorized Person

Title of Authorized Person