

# RI Department of Health

## Application and Instructions for:



Food Processor (Non-Profit)

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Applicant Name (Name of Business)

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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.
- You must attach 501(c)(3) with this application.
- Mail to: Office of Food Protection, 3 Capitol Hill, Room 203, Providence, RI 02908-5097.
- 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 the section(s) below.**

## **Note to Applicants submitting plans:**

### **Plan Review**

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.

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
- Miscellaneous Food Items
- Other (describe) \_\_\_\_\_



**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, ZipCode _____</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, ZipCode _____</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	
<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									
<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 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, Zipcode _____</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</u></b> <b><u>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.</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>Affidavit of Applicant</b></p> <p>Read, sign, and date this affidavit.</p>	<p style="text-align: center;"><b>AFFIDAVIT AND SIGNATURE</b></p> <p style="text-align: center;"><b>This Application Must be Signed</b></p> <p><b>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.</b></p> <p><b>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.</b></p> <p>_____</p> <p><b>Signature of Authorized Person</b></p> <p>_____</p> <p><b>Printed Name of Authorized Person</b></p> <p>_____</p> <p><b>Title of Authorized Person</b></p> <p>_____</p> <p><b>Date of Signature (MM/DD/YY)</b></p>

**State of Rhode Island and Providence Plantations**



**DEPARTMENT OF HEALTH**

Office of the Director

Cannon Building

3 Capitol Hill

Providence, RI 02908-5097

**Mandatory Addendum to License Application**

Verification of Social Security Number/Federal Employer Identification Number and affidavit concerning taxpayer status

**Pursuant to Chapter 75 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.**

**I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Federal Employer Identification Number (FEIN)

**Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode Island Division of Taxation pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended.**

**This form MUST be completed, signed and attached to your license application in order for us to process your application.**