

RI Department of Health

Application and Instructions for:



Manager Certified In Food Safety Training Program

Applicant Name (Name of Business)

Previous Business Name & License Number (If Any)

OFFICE USE ONLY

	Initials	Date
Approved by F.O. Supervisor		
Profile Entered By		
License ID#		
Receipt No.		
License No.		

INSTRUCTIONS

Attach the following in specified order:

- A. Sources and locations of potential students, faculty, classrooms, and other resources
- B. Names and qualifications of instructors (Attach copies of "Instructor Applications")
- C. Copy of curriculum, including any provision for practical experience
- D. Copy of the course syllabus, which shall include:
 - 1. Text books and other teaching materials used
 - 2. Methods and locations used for instructions
 - 3. Course content
 - 4. Topics and length of class meeting
 - 5. Methods used to determine students participation and presence during the course sessions, examples, sign-up sheets, roster, provisions for make up work, etc.

Please complete the enclosed mandatory addendum form with your federal tax identification number (FEIN)

Submit completed application and documentation to:

Rhode Island Department of Health
Division of Food Protection
Food Manager Certification Program
Three 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.



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

Facility Name:

Please provide the name of the facility (as known to the public) for which you are applying for this license.

Name: _____

Approved Instructor:

State regulations require all approved training programs to employ only certified food safety instructors. Please provide the name and license number of the certified instructor(s) with your program in the space provided.

Name: _____ License # _____

Name: _____ License # _____

Name: _____ License # _____

Course Coordinator:

Please provide the name and telephone number of a person we can contact concerning this program.

Name: _____

Phone Number:

() _____

Facility Mailing Information:

Please provide the mailing information for all communication regarding this license.

(Not published on HEALTH website).

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

City,State, ZipCode _____

Country (only if not in US) _____

Phone: _____

Fax: _____

Email Address: _____

Facility Location Information:

Please provide the location information for this facility.

(Published on HEALTH website)

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

City,State, ZipCode _____

Country (only if not in US) _____

Phone: _____

Fax: _____

Email Address: _____

Affidavit of Applicant

Read, sign, and date this affidavit.

AFFIDAVIT AND SIGNATURE

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



Rhode Island Department of Health

3 Capitol Hill, Providence RI, 02908-5097

MANDATORY ADDENDUM TO LICENSE APPLICATION

Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (herein after called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number, or Federal Tax Identification Number (for businesses) as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license.

Licensee Declaration

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # _____)
- I am in state receivership. (Case # _____)
- I have been discharged from Bankruptcy.
(Case # _____)

Type of Professional/Business License for which you are applying

Full Name (Please Print or Type)

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

Signature

Phone Number (including area code if not 401)

Date

Name of Business (If Applicable)

This form must be completed, signed and attached to your license application for processing.

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.