

Return To: City of Concord
 Code Administration
 Health Services
 37 Green St
 Concord, NH 03301



Check #: _____
Fee \$212.00
 Make checks payable to
CITY OF CONCORD

Application to Operate a Mobile Food Service Establishment

Applicant Information

Establishment: _____	Phone: _____
Corporation _____	Phone: _____
Route & Times: _____	
<i>Attach Additional Page If Needed</i>	
Corp. Address: _____	
<small>Street Address / PO Box</small>	<small>City / State</small>
	<small>ZIP Code</small>
Billing Address: _____	
<small>Street Address / PO Box</small>	<small>City / State</small>
	<small>ZIP Code</small>
Driver's Name: _____	Phone: _____
Owner Name: _____	Phone: _____
Owner Address: _____	
<small>Street Address / PO Box</small>	<small>City / State</small>
	<small>ZIP Code</small>
Email: _____	
Exterminator: _____	

Vehicle Information

Year _____	Make/Model _____
Plate # _____	Color _____
VIN _____	

FOR OFFICE USE ONLY

Fee Included with Application: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	COPY OF FOOD HANDLER CERTIFICATE ENCLOSED	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<small>\$212/YR</small>				
License # _____				
Date Opened: _____				
Expiration Date: _____				

Disclaimer and Signature

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature: _____ Date: _____

Approved: _____ Date: _____

Health & Licensing Officer