Rhode Island Department of Health

.0RI Department of Health
www.health.ri.gov

Application and Instructions for Food Business:

Mobile Food Service

☐ Year Round - Truck ☐ Seasonal - Truck ☐ Year Round - Cart

☐ Seasonal - Cart ☐ Temporary Event

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.		
Certified Food Safety Manager Required: 0 ___ 1 ____ > 1 _____		

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.

- Please provide a list of your food suppliers on the enclosed form. Food must be purchased from an approved source and your food suppliers must be registered with the Rhode Island Department of Health, Office of Food Protection.

- **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 (IN-STATE ONLY) 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 April 30 cycle at 100%.

Licensing Cycle Expiration Date 4/30	March 1-July 31 (100%)	August 1-October 31 (75%)	November 1 -February 28 (29 Leap Year) (50%)
Mobile Food Service	$100.00 ☐	$75.00 ☐	$ 50.00 ☐

- 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

Facility Name: Please provide the name of the facility (as known to the public) for which you are applying for this license.	Name:
Facility Contact Person: Please provide the name and telephone number of a person we can contact concerning this facility.	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, Zip Code Country (only if not in US) Phone: Fax: Email Address:
Facility Location Information: Please provide the location information for this facility. (P**ublished on HEALTH website)**	Address Line 1 Address Line 2 Address Line 3 City, State, Zip Code Country (only if not in US) Phone: Fax: Email Address:
Ownership Type: Please check ONE	☐ Corporation ☐ Governmental Entity ☐ Partnership ☐ Partner ☐ Limited Liability Company ☐ Sole Proprietorship ☐ Limited Partnership

Ownership Information: Please provide the ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or	**LIST ONE ONLY - DO NOT SEND ATTACHMENTS** Name: DBA (Doing Business As):
Ownership Address Information: Please provide the address and telephone number(s) of the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.	Address Line 1 Address Line 2 Address Line 3 City, State, Zip Code Phone: Fax: Email Address:
Vehicle Registration Information: **For Year Round and Seasonal/Truck Only.**	Please indicate the vehicle registration information below. Vehicle Registration State Vehicle Registration Plate
<u>Certified Food Safety Manager(s) is required if potentially hazardous foods are prepared.</u> If you need additional space, please submit under separate cover.	Does this facility have a certified food safety manager? Yes No If yes, please indicate name and license number below of primary food safety manager. Name: FMC #:
Menu:	Please attach a copy of a complete menu for your mobile food service.
SSN/FEIN: **(Social Security Number/Federal Employer Identification Number)** **Please note if you are a sole proprietor this number may be your SSN.**	Pursuant to Chapter 76 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. **SSN/FEIN #:**

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