

Application for License to Operate a Manufactured Food Establishment

INSTRUCTIONS

- Submit the application and fees at least 30 days before you plan to open.
- Fill out the application clearly and completely. It must be signed. Incomplete applications will be returned and will delay the licensing process.
- Make your check or money order payable to the Vermont Department of Health. Fees are non-refundable.
- Submit a plan review for all new construction and major renovations. Refer to the Plan Review Checklist for requirements. There is no fee for a plan review.
- Submit a complete list of the products you will manufacture.
- Submit a copy of the water/wastewater permit for the building, or documentation from an engineer in lieu of a wastewater permit. Contact a [regional office](#) if you don't have a permit for your project.
- Submit a printed application. Mail the complete application packet to Vermont Department of Health, Food & Lodging Program.

Food & Lodging Program
280 State Drive
Waterbury, VT 05671-8350

- You can also apply online at healthvermont.gov/food-lodging.

NEXT STEPS

- After the application is processed, a public health inspector will contact you to discuss your business details and to schedule a preliminary or opening inspection.
- A license is issued after passing an opening inspection and is valid for one year from the date of inspection. The license will be emailed within ten business days after inspection.
- License application materials are public records as mandated by Vermont law and may be made available to the public, unless otherwise prohibited by State or Federal law.
- For questions, call the Food & Lodging Program at 802-863-7221.

DON'T FORGET TO INCLUDE:

- ✓ Application
- ✓ Fees
- ✓ Product List
- ✓ Wastewater documentation

YOU MAY ALSO NEED:

- ✓ Water test results
- ✓ Plan review

I. Facility Information

Business Status

New – New construction/change in use. A Plan Review is required for new construction.

Change of Ownership – The space has been licensed for food production in the past but will operate under a new legal entity

Date of Legal Ownership Change:

Shared Use Facility – New license in existing facility

Renewal – Renewal of an existing license

Planned Opening Date:

Facility Name (dba) Provide the name as it will be known to the public.

Name:

Location Information Provide the physical location of the business.

Street Address:

City:

State:

Zip:

Facility Contact Information Contact information for the facility. Renewal notices will be sent to this email and postal address.

Mailing Address:

City:

State:

Zip:

Phone:

Email:

Inspection Contact Contact for questions about this application and scheduling the inspection.

Name:

Title:

Phone:

Email:

Emergency Contact Provide an emergency contact in the event of fire, flood, disease outbreak.

Name:

Title:

Phone:

Email:

License ID#	
Date Received	
License Fee Amount Received	
Check or Money Order Number	
Public Health Inspector Assigned	
Plan Review	REQ SUB APP N/A
License Issuance Approval	Initials Date

II. Owner Information

Business Registration What type of entity owns this business? Please check ONE.

Corporation	Limited Partnership	Governmental Entity	Nonprofit
Sole Proprietorship	LLC	Partnership	School

Legal Owner Provide the exact legal name of the ownership entity as it is registered.

Owner Address:

City: State: Zip:

Phone: Email:

III. Operations Information

License Categories

Food Processor – Gross Receipts Under \$50,000	\$175
Food Processor – Gross Receipts Over \$50,000	\$275

Type of Manufacturing Check all that apply.

Acidified Foods	Grain Mill
Aseptic Packaged Food	Ice
Baked Goods	Juice or Cider
Beverage, non-juice	Low Acid Canned Food
Candy	Seafood
Cereal	Salads or Sandwiches
Coffee or Tea (dry)	Snack Foods
Condiments	Water
Dry Ingredients	Distribution Center
Dried Foods	Warehouse
Fruits and Vegetables	Other _____

Preventive Controls Qualified Individual (PCQI)

Name:

Check here if no PCQI:

Product List A proposed product list is attached.

Product Storage Requirements Check all that apply.

Shelf-Stable

Refrigerated

Frozen

Type of Sales Check all that apply.

Retail

Wholesale

Internet

Direct to Consumer

Operating Times:

Hours of operation:

Days of operation:

If seasonal, months of operation:

Previously Licensed Provide the name of the previously licensed business at this address.

Name:

Not Applicable/Not Known

Language Preferences:

What languages do you speak?

Do you need an interpreter?

IV. Physical Location Information

Water Supply Does the establishment receive all or a portion of its water from an onsite well?

Yes – Include copy of recent coliform/*E.coli* water test results.

No – List name of municipal water system:

Sewage System Is this establishment serviced by a private sewage system (e.g. septic system)?

Yes

No

Wastewater Capacity The [Department of Environmental Conservation](#) issues a wastewater permit for commercial food manufacturing and processing.

WW Permit #:

Not Applicable:

Documentation submitted in lieu of WW permit:

V. Compliance Certification

Applicant's Statement Regarding Child Support and Vermont Taxes

Under Vermont law, you are required to certify that you are in "good standing" on child support payments before you can receive a professional license or other business or trade certification. (You can read the law by searching the internet for 15 V.S.A. § 795.)

Your signature on this application indicates you are in "good standing" on child support because one of these applies:

- You are not required to pay child support.
- You owe less than one month of support.
- You are currently disputing the child support you owe in court.
- You owe child support but are complying with a payment plan.
- This does not apply because it is a business seeking certification.

Under Vermont law, you are required to certify that you are in "good standing" on taxes owed to the State of Vermont before you can receive a professional license or other business or trade certification. (You can read the law by searching the internet for 32 V.S.A. § 3113.)

Your signature on this application indicates you are in "good standing" with Vermont taxes because one of these applies:

- You have filed all your tax returns and do not owe any taxes.
- You are currently appealing the amount of taxes you owe.
- You owe taxes but are complying with a payment plan with the Commissioner of Taxes.

If you are not in good standing, you can ask the licensing authority to consider whether requiring you to become current on child support or Vermont taxes before issuing a license would be an unreasonable hardship.

I hereby certify that I am in good standing with regard to child support and Vermont taxes. I further certify that all information stated in this application is true and accurate to the best of my knowledge. I understand that providing false information or leaving out information is against the law and may cause me to lose my license/certification/registration.

Printed Name:

Date:

Signature:

Title:

Tax ID Number OR Social Security Number: