

加工食品店经营许可证申请表

说明

请在计划开业前至少 30 天提交申请并缴纳费用。

请清晰、完整地填写申请表。必须在申请表上签名。如未能完整填写，申请表将会被退回，并将会导致许可流程延误。

请将支票或汇票抬头写为 Vermont Department of Health。费用支付后无法退款。
提交一份您将加工产品的完整清单。

请提交一份建筑物用水/废水许可证副本、或由工程师出具用于代替废水许可证的信函。如果您的项目没有许可证，请联系[区域办事处](#)（英文链接，但可使用 Google 翻译）。

请将填妥的申请材料包邮寄至以下地址：

VT Dept of Health
Environmental Health
Food & Lodging Program
280 State Drive
Waterbury, VT 05671-8350

后续步骤

我们收到您的申请后，公共卫生检查员将会与您联系，讨论您的业务细节并安排初始或开业检查。

检查合格后，您将获得许可证。许可证自检查之日起一年内有效。

根据法律规定，许可证申请材料属于公共记录。这意味着，除非州或联邦法律另行禁止，否则，这些信息可向公众公开。

如有疑问，请致电 802-863-7221 联系食品与住宿计划（Food & Lodging Program）。如需语言服务，请拨打 802-863-7220，然后根据语音提示按 0。

设施信息

1. 这是哪种类型的申请？

- 新设施 - 新建或改变用途。新建设施需要进行平面图审查。
- 所有权变更 - 该场所过去已获得过餐饮服务许可证，但将由新的法人实体经营。
- 共用设施 - 在现有设施内新设许可证。
- 续期 - 现有许可证的续期。

2. 计划开业日期:

3. 设施名称（营业名称）。请提供面向公众的名称。

4. 位置信息。请提供实际经营位置，包括街道、城市和邮政编码。

5. 请提供该设施的联系信息。续期通知将发送到此地址。请填写街道、城市、州、邮政编码、电话号码和电子邮件。

6. 请说明指定澄清有关本申请的问题和安排检查的联系人。请填写姓名、职务、电话号码和电子邮件。

7. 请说明发生水灾、火灾或疾病爆发时的紧急联系人。请填写姓名、职务、电话号码和电子邮件。

所有者信息

1. 工商注册。该企业/业务归属于哪类实体所有？ 公司（Inc.）、有限责任公司（LLC）、有限合伙企业、政府实体、非营利组织、独资企业、合伙企业或学校。

2. 法定所有者。请提供所有权实体注册时的准确法定名称。

3. 所有者地址。请填写街道、城市、州、邮政编码、电话号码和电子邮件。

经营信息

1. 请选择相应的许可证：

- 食品加工商 - 总收入低于 \$50,000 \$175
- 食品加工商 - 总收入超过 \$50,000 \$275

2. 请选择将进行的所有加工类型。

- 酸化食品
- 无菌包装食品
- 烘焙食品
- 非果汁饮料
- 糖果
- 谷物
- 咖啡或茶（干）
- 调味品
- 干配料
- 干制食品
- 水果和蔬菜
- 谷物磨粉
- 冰
- 果汁或苹果酒
- 低酸罐头食品
- 海鲜
- 沙拉或三明治
- 休闲食品
- 水
- 配送中心
- 仓库
- 其他

3. 如果选择“其他”，请列出项目：

4. 如果您有具备预防性控制措施资质的人员，请提供其姓名。

5. 请提供所加工产品的清单，或请将清单作为单独文件随申请表一起提交。

6. 将使用哪种方式贮存产品？

- 常温
- 冷藏
- 冷冻

7. 如何销售产品？

- 零售
- 批发
- 互联网
- 直接面向客户

8. 您打算在一周的哪些日期和哪些时间营业？

9. 如果是季节性营业，您将在哪些月份营业？

10. 如果您知道，请提供以前在该地址经营的企业名称。

11. 您会说哪些语言？

12. 检查时是否需要口译员？

实体位置

1. 该场所是否从现场水井取水？

- 是 - 提供最近的大肠菌群/大肠杆菌（细菌）水质检测结果副本。
- 否，所有用水都来自市政供水系统。

2. 该机构是否有私人排污系统，如化粪池系统？

3. 环境保护部会为建筑物颁发废水许可证。该建筑物的废水许可证编号是多少？

合规认证

申请人关于子女抚养费和佛蒙特州税费的声明

根据佛蒙特州法律，您必须证明自己在支付子女抚养费方面“记录良好”，才能获得专业许可证或其他商业或行业认证。（您可以在互联网上搜索 **15 V.S.A. § 795**，以阅读该项法律规定的内容）。您在本申请表上签名，则表示您符合以下条件之一，说明您在子女抚养费方面“记录良好”：

- 您无需支付子女抚养费。
- 您欠的抚养费不足一个月。
- 您目前正针对所欠的子女抚养费向法院提起诉讼。
- 您尚未付清子女抚养费，但将遵守付款计划支付。
- 此条不适用，因为这是一家申请认证的企业。

根据佛蒙特州法律，您必须证明您在佛蒙特州的纳税方面“记录良好”，才能获得专业许可证或其他商业或行业认证。（您可以在互联网上搜索 **32 V.S.A. § 3113**，以阅读该项法律规定的内容）。您在本申请表上签名，则表示您符合以下条件之一，说明您在佛蒙特州的纳税方面“记录良好”：

- 您已提交了所有报税表，并且不欠税。
- 您目前正在针对所欠税款金额提出上诉。
- 您欠税，但将遵守税务局局长的付款计划。

如果您没有良好的记录，您可以要求发证机构考虑要求您在发放许可证前及时缴纳子女抚养费或佛蒙特州税款是否会造成不合理的困难。本人特此证明，本人在子女抚养费和佛蒙特州纳税方面记录良好。本人还证明，据本人所知，本申请表中提供的所有信息均真实、准确。本人知道提供虚假信息或遗漏信息是违法行为，并可能导致本人失去许可证/证书/注册登记。

正楷字体的姓名和职务：

签名：

日期：

税号或社会保险号：

下面的方框仅供工作人员填写。您无需填写。

OFFICE USE ONLY				
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		

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. Applications that are not filled out completely will be returned, and this will slow down the licensing process.

Make your check or money order payable to the Vermont Department of Health. Once you pay the fee, you cannot get that money back.

Submit a complete list of the products you will manufacture.

Submit a copy of the water/wastewater permit for the building, or a letter from an engineer instead of a wastewater permit. Contact a [regional office](#) (link in English, but Google Translate is available) have a permit for your project.

Mail the complete application packet to:

VT Dept of Health
Environmental Health
Food & Lodging Program
280 State Drive
Waterbury, VT 05671-8350

Next Steps

After we receive your application, a public health inspector will contact you to discuss your business details and to schedule a preliminary or opening inspection.

You will get a license after passing the inspection. The license is valid for one year from the date of the inspection.

By law, license application materials are public records. This means they 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. For language services, call 802-863-7220 then press 0.

Facility Information

1. What type of application is this?

- New – New construction or a change in use. A Plan Review is required for new construction.
- Change of Ownership – The space has been licensed for food service in the past but will operate under a new legal entity.
- Shared Use Facility – New license in existing facility.
- Renewal – Renewal of an existing license.

2. Planned Opening Date:

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

4. Location Information. Provide the physical location of the business, including street, city, and zip code.

5. Provide the contact information for the facility. Renewal notices will be sent to this address. Include street, city, state, zip code, phone number and email.

6. Who is the contact for questions about this application and scheduling the inspection? Include name, title, phone number and email.

7. Who is the emergency contact in the event of flood, fire, or disease outbreak? Include name, title, phone number and email.

Owner Information

1. Business Registration. What type of entity owns this business? Corporation (Inc.), LLC, Limited Partnership, Governmental Entity, Nonprofit, Sole Proprietorship, Partnership, or School.

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

3. Owner Address. Include street, city, state, zip code, phone number and email.

Operations Information

1. Select the appropriate license:

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

2. Select all types of manufacturing that will occur.

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

3. If Other was selected, list items:

4. If you have a Preventive Controls Qualified Individual, provide the name.

5. Provide a list of products manufactured, or send the list as a separate document with the application.

6. What types of product storage will be used?

- Shelf-stable
- Refrigerated
- Frozen

7. How will products be sold?

- Retail
- Wholesale
- Internet
- Direct to Customer

8. What hours and days of the week do you plan to operate?

9. If seasonal, what months will you operate?

10. If known, provide the name of the business previously at this address.

11. What languages do you speak?

12. Do you need an interpreter for the inspection?

Physical Location

1. Does the establishment receive any of its water from an onsite well?

- Yes – Include a copy of recent coliform/E.coli (bacteria) water test results.
- No, all water comes from a municipal water system.

2. Is this establishment serviced by a private sewage system, such as a septic system?

3. The Department of Environmental Conservation issues a wastewater permit for the building. What is the wastewater permit number for the building?

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 and Title:

Signature:

Date:

Tax ID Number OR Social Security Number:

The box below is for office use only. You do not need to fill it out.

OFFICE USE ONLY				
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		