



EXETER HEALTH DEPARTMENT

20 COURT STREET, EXETER, NH 03833-2716

Phone: (603)773-6132

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www.exeternh.gov

LETTER OF INTENT

Establishment:

Establishment Location:

Establishment Owner:

Mailing Address (if different):

Telephone Number: () _____

Type of Operation: _____

Food Items or Categories served – Attach a menu if possible:

An expanded or revised menu, change of license class or change within a class shall require a revised Letter of Intent and approval by the Health Department. Food categories that require additional equipment and compliance issues shall not be allowed until code compliance is achieved.

If alcoholic beverages are to be served, two lavatories are required by RSA 155:40

Owner: _____

Date: _____

Health Officer: _____

Date: _____