

Warren Township Board of Health

46 Mountain Blvd, Warren, NJ 07059

Kevin G. Sumner, Health Officer

(908) 753-8000 ext 239 (908) 757-9173 (fax) dhands@warrennj.org

Application for Retail Food Establishment License

Establishment Trading Name: _____

Street Address: _____

Mailing Address (if different): _____

Business Phone: _____ Emergency Phone: _____

Name and Address of Owner (s), Partners, Firm, etc.: _____

Square Footage of Entire Establishment: _____ sq. ft. Payment Enclosed Per Fee Schedule: \$ _____

Email: _____

Type of Business (Check all that Apply):

- | | |
|---|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Camp |
| <input type="checkbox"/> Grocery/Convenient Store | <input type="checkbox"/> Swim Club |
| <input type="checkbox"/> Liquor Store w/ Bar, no Food | <input type="checkbox"/> Mobile Food |
| <input type="checkbox"/> Liquor Store w/o Bar or Food | Event: _____ |
| <input type="checkbox"/> Day Care Facility (Prepare Food: <input type="checkbox"/> Yes <input type="checkbox"/> No) | Date(s): _____ |
| | <input type="checkbox"/> Temporary Establishment |
| | Event: _____ |
| | Date(s): _____ |
| <input type="checkbox"/> Farm Stand (specify months open <input type="checkbox"/> more than 10 months <input type="checkbox"/> 6 to 10 months <input type="checkbox"/> less than 6 months | |
| <input type="checkbox"/> Other (specify) : | |

Indicate Type of Water Supply: Public Water Well Water

Indicate Type of Sewage Disposal: Public Sewer Septic System

Provide Garbage Disposal Contractor Name: _____

Frequency of Garbage Pick-up: _____ times/week

Applicant Signature _____ **Date:** _____

For Office Use Only

Basic Fee	\$	Processed By _____
Reinspection Fee	\$	License Number _____
Credit for Food Handler Training	\$	Receipt Number _____
Late Fee	\$	
Total Fee Due	\$	Date _____