



**MIDDLE-BROOK
REGIONAL HEALTH COMMISSION**

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PARTICIPATING MUNICIPALITIES

TOWNSHIP OF GREEN BROOK
TOWNSHIP OF WARREN
BOROUGH OF WATCHUNG
TOWNSHIP OF BRIDGEWATER

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Fee: \$150

Name of Establishment: _____

Address of Establishment: _____

Type of Establishment: _____

Is Owner: () Individual () Partnership () Corporation

Name of Owner: _____

Home or Corporation Address of Owner: _____

Home Phone Number of Owner: _____ Emergency Phone Number : _____

E-Mail Address: _____

Print Applicant Name

Applicant signature

Date

Application Review Fee: \$ _____

Floor Plans Received On: _____

Approval on: _____

Rejected on: _____

Health Inspector Approval: _____



Public Health
Prevent. Promote. Protect.