



Borough of Watchung

BOARD OF HEALTH

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

For Office Use Only

Approval Year: _____

Payment Amount: _____

Date of Application: _____

Name of Business: _____

Address of Business: _____

Business Phone: _____ Business Email: _____

Type of Business: _____

Is the Owner: Individual Partnership Corporation LLC

Name of Applicant/Owner: _____

Applicant/Owner Address: _____

Applicant/Owner Phone: _____

Applicant/Owner Email: _____

Applicant/Owner Signature

Date

FEE SCHEDULE:

Application Fee: **\$ 150.00**

OR

Re-Review Fee: **\$ 100.00**

Total Due: \$ _____

(Check Payable to Borough of Watchung)

Floor Plans Received On: _____

Application Approved OR Denied By: _____

Date Approved OR Denied: _____