



TOWNSHIP of MONTGOMERY

SOMERSET COUNTY

DEPARTMENT OF HEALTH

Serving Hopewell Borough & Pennington Borough

2261 Route 206 Belle Mead, New Jersey 08502

Phone: 908-359-8211 Fax: 908-359-4308 Email: Health@twp.montgomery.nj.us

APPLICATION FOR A RETAIL FOOD LICENSE

- Trade Name: _____
Street Address: _____
Phone No. at Establishment: _____ Fax No. at Establishment: _____
- Owner Name: _____ Owner Address: _____
Owner Emergency Phone: _____ Email: _____
- Please print the name(s), & work schedule of the person(s) in the establishment who will be responsible for maintaining food safety for this establishment. The Montgomery Township Board of Health Code requires there be at least one employee on the premises, a minimum of 4 hours each 8 hour work period, that possesses a **“NEW JERSEY CERTIFIED FOOD MANAGER’S CERTIFICATE.”** A copy of each employee’s most current certificate must be on record with this Department. Be sure to include copy of certificate(s).

_____ PRINT NAME OF CERTIFIED MANAGER(S)	_____ WORK SCHEDULE	_____ MONTH/YEAR OF LAST TRAINING
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4. Classification: (Please check one) **Make checks payable to: Township of Montgomery**

A. Food establishment: **Restaurants** (Certified-Club-Snack bar)

- 1. Seating Capacity – 1 to 50Fee \$100.00
- 2. Seating Capacity – 51 to 100Fee \$200.00
- 3. Seating Capacity – 101 & over.....Fee \$300.00

B. Food establishment: **Supermarket, Bakery, Deli, etc.** (Other than restaurants)

- 1. 0 – 3500 square feetFee \$100.00
- 2. 3501 – 5000 square feetFee \$200.00
- 3. 5001 – 10,000 square feetFee \$300.00
- 4. Over 10,000 square feetFee \$600.00

C. Pre-packaged Foods onlyFee \$40.00

D. Mobile Retail Food (see reverse)Fee \$100.00

TYPE OF WATER SUPPLY: Public Water () Private Well ()

SIGNATURE OF APPLICANT: _____

MOBILE RETAIL FOOD

Please list the name and location of your commissary or base of operation: (this would be where the transportation vehicle returns regularly for such things as: restocking food, refilling water tanks, vehicle and equipment cleaning, etc)

Name: _____

Address: _____

Phone #: _____

License Plate Number of Vehicle(s) used: _____

ALL food sold for public consumption must be prepared at or purchased from an approved/licensed facility. Preparation of food in a “home kitchen” is strictly forbidden.

FOR HEALTH DEPARTMENT USE ONLY	
Date Received: ____/____/20____	License Number: _____
Date Issued: ____/____/20____	Approved By: _____
Risk Classification: _____	