

# Warren Township Board of Health

46 Mountain Blvd, Warren, NJ 07059

Kevin G. Sumner, Health Officer

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## 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.: \_\_\_\_\_

Email: \_\_\_\_\_

### **Type of Business (Check all that Apply):**

- Restaurant ( \_\_\_\_\_ Square Feet)  Camp
- Grocery/Convenient Store ( \_\_\_\_\_ Square Feet)  Swim Club
- Liquor Store w/ Bar, no Food  Mobile Food  
Event: \_\_\_\_\_
- Liquor Store w/o Bar or Food  Date(s): \_\_\_\_\_
- Day Care Facility (Prepare Food:  Yes  No)  Temporary Establishment  
Event: \_\_\_\_\_
- Date(s): \_\_\_\_\_
- Farm Stand (specify months open  more than 10 months  6 to 10 months  less than 6 months
- 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 _____
Late Fee	\$	Receipt Number _____
<b>Total Fee Due</b>	<b>\$</b>	Date _____