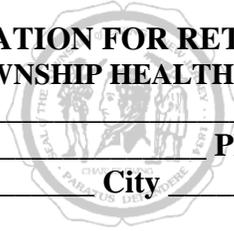


2016-2017 APPLICATION FOR RETAIL FOOD LICENSE
EWING TOWNSHIP HEALTH DEPARTMENT

2 Jake Garzio Drive
Ewing, NJ 08628



License Name _____
Establishment's Name _____ Phone (____) _____ Fax (____) _____
Address _____ City _____ State _____ Zip _____

Owner's Name _____ Home Phone (____) _____ Cell (____) _____
Address _____ City _____ State _____ Zip _____

Contact Person _____ Title _____ E-mail _____
Home Phone (____) _____ Cell Phone (____) _____ Fax (____) _____
Address _____ City _____ State _____ Zip _____

Fee Schedule:

- 1. Retail Food Establishments with a permanent location, serving food for consumption ON premises (including, for example, restaurants, taverns and luncheonettes, but NOT limited thereto)
 - A. 50 Seats Or Less -----\$125.00
 - B. 51-200 Seats -----\$200.00
 - C. Over 200 Seats -----\$335.00

Fee Submitted _____

- 2. Retail Food Establishments with a permanent location, where food is NOT customarily consumed on premises (including, for example, liquor stores, supermarkets, grocery stores, convenience stores, and delicatessens, but NOT limited thereto)

- A. 0 - 3,500 Sq. Feet -----\$100.00
- B. 3,501 - 5,000 Sq. Feet -----\$175.00
- C. 5,001 - 10,000 Sq. Feet -----\$300.00
- D. Over 10,000 Sq. Feet -----\$450.00

Fee Submitted _____

- 3. Limited Retail Food Establishment -----\$15.00 Fee _____
(offers only minimal supply of prepackaged food items that have been purchased from other suppliers and which meet all packaging and labeling requirements)

- 4. Agricultural Market -----\$45.00 Fee _____

- 5. Vending Machine (1st)-----\$20.00 Fee _____

each additional machine-----\$10.00 Fee _____

Type of Machine(s) _____

Locations of Machine(s) _____

****list additional machines/locations on a separate page

- 6. Non-Profit Organization - Please Provide Tax Exempt # _____

- 7. Issuance of duplicate retail food establishment license -----\$10.00 Fee _____

Licenses must be renewed between May 1 and May 31 of each year. A penalty will be assessed if payment is not received. Make checks payable to "Township of Ewing"

** The undersigned applicant agrees to operate the aforementioned food handling establishment in accordance with the provisions of N.J.A.C. 8:24 "Sanitation in Retail Food Establishments and Food and Beverage Vending Machines", the governing Code for the State of New Jersey and any local ordinances.

Attach a copy of the Certificate of all employees who are certified in Manager Food Safety.

Position Applicant Signature Date

OFFICE USE ONLY

Approved for Issue

License Number _____

Date of Issue _____

Fee Collected _____ **Date** _____

Health Officer's Signature