Municipal Complex
2 Jake Garzio Drive
Ewing, NJ 08628

Phone: (609) 883-2900 ext. 7619
Health Fax: (609) 883-0215
Web Address: www.ewingnj.org

The Township of Ewing Board of Health

BERT H. STEINMANN, MAYOR JAMES P. McMANIMON, BUSINESS ADMINISTRATOR

RETAIL FOOD ESTABLISHMENT PLAN REVIEW APPLICAION

Name of Establishment: ______________________________
Address of Establishment: ______________________ Block:_______ Lot: ___________
City: ________________ State:_________ Zip:__________
Phone: (____)_____________ Fax: (____)_____________ Email: ______________________

Name of Owner: ______________________________
Address of Owner:______________________________
City: ________________ State:_________ Zip: __________
Phone: (____)_____________ Fax: (____)_____________ Email: ______________________

Name of Contact: ______________________ Title: ______________________
Phone: (____)_____________ Fax: (____)_____________ Email: ______________________

Proposed Work

New Construction ____________ Renovation ___________ Repair ___________

Size of Establishment

- ZERO to 1,000 square feet -------------------------$120.00 ☐
- From 1,001 to 5,000 square feet ------------------$150.00 ☐
- Over 5,001 square feet ------------------------------$250.00 ☐
- Live Animal Processing Facility ------------------------ $50.00 ☐

*Please be advised that for all businesses requiring a Retail Food Establishment Plan Review, the applicant MUST also have approval from the Code Enforcement Office and/or appropriate Zoning Official.

- Application Received by Health Department ☐
- Fee Collected by Health Department ☐
- 1 Set of Signed Architectural Drawings Received by Health Department ☐
- Equipment Specification Sheets Received by Health Department ☐

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

I CERTIFY TO THE BEST OF MY KNOWLEDGE ALL FACTS AND DATA SUPPLIED ARE TRUE AND CORRECT.

Applicants Name (Print): ______________________ Title: ______________________
Applicant's Signature: ______________________ Date: ______________________

OFFICIAL USE ONLY

Received by: ______________________ Date: ______________________
Fee Collected: ______________ Cash: ________ Check: _________ Credit Card: __________
Health Officer's Signature: ______________________ Date: ______________________

(PAYMENT SHALL BE MADE TO THE TOWNSHIP OF EWING)