

Warren Township Board of Health

46 Mountain Blvd, Warren, NJ 07059

Kevin G. Sumner, Health Officer

(908) 753-8000 ext 239 (908) 757-9173 (fax) pmartins@warrennj.org

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

___ Camp

___ Grocery/Convenient Store

___ Swim Club

___ Liquor Store w/ Bar, no Food

___ Mobile Food

___ Liquor Store w/o Bar or Food

Event: _____

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 _____

Credit for Food Handler Training

\$

Receipt Number _____

Late Fee

\$

Total Fee Due

\$

Date _____