



# EAST WINDSOR TOWNSHIP HEALTH DEPARTMENT

## RETAIL FOOD LICENSE APPLICATION

(APPLICATION WILL NOT BE HONORED UNLESS COMPLETED IN FULL)

YEAR: \_\_\_\_\_

NAME OF RETAIL

FOOD ESTABLISHMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME & ADDRESS OF OPERATOR / MANAGING AGENT: \_\_\_\_\_

✓ **SELECT ONE:**

**PERMANENT FOOD ESTABLISHMENT** (Check appropriate category)

0 - 50 SEATS	OR	0 - 3500 SQ FT	FEE	<b>\$150.00</b>	_____
51 - 200 SEATS	OR	3501 - 5000 SQ FT	FEE	<b>\$300.00</b>	_____
201 & OVER SEATS	OR	5001 - 10,000 SQ FT	FEE	<b>\$400.00</b>	_____
		10,001 & OVER SQ FT	FEE	<b>\$500.00</b>	_____

TOTAL NUMBER OF SEATS \_\_\_\_\_ AND/OR NUMBER OF SQUARE FEET \_\_\_\_\_

✓ **OR OTHER TYPES:**

TEMPORARY **\$75.00** \_\_\_\_\_ SEASONAL STANDS **\$50.00** \_\_\_\_\_ \*MOBILE **\$50.00** \_\_\_\_\_

RETAIL FOOD ESTABLISHMENT SELLING SOLELY PACKAGED CONFECTIONERY GOODS **\$25.00** \_\_\_\_\_  
(Candy, Chewing Gum, Crackers, Pies, Nuts, Cookies, etc.)

NON-PROFIT ORGANIZATIONS (BOY & GIRL SCOUTS etc.) EXEMPT \_\_\_\_\_

POTABLE WATER SUPPLY: PUBLIC \_\_\_\_\_ WELL \_\_\_\_\_  
GREASE TRAP PRESENT: YES \_\_\_\_\_ NO \_\_\_\_\_

SIZE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

METHOD OF CLEANING TRAP (Specify): \_\_\_\_\_

**\*MOBILE FOOD VEHICLE:**

NAME OF OWNER/DRIVER \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

TYPE OF VEHICLE

REGISTRATION ID #

LICENSE PLATE #

FOR TOWNSHIP USE
LICENSE # _____
FEE \$ _____
DATE _____

The undersigned agrees to operate the aforementioned Food Establishment in accordance with all applicable state and local laws and regulations.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Owner

Please Return Form To:

EAST WINDSOR TOWNSHIP HEALTH DEPARTMENT  
16 LANNING BLVD  
EAST WINDSOR NJ 08520-1999