# BOARD OF HEALTH 2021 RETAIL FOOD LICENSE APPLICATION

**PLEASE CHECK ONE:**

- □ Retail Food Establishment* - under 2,000 sq. ft.  
  Number of Seats in Food Establishment: ________  
  Fee: $110.00

- □ Retail Food Establishment* - 2,000 – 5,000 sq. ft.  
  Number of Seats in Food Establishment: ________  
  Fee: $160.00

- □ Retail Food Establishment* - 5,000 – 10,000 sq. ft.  
  Number of Seats in Food Establishment: ________  
  Fee: $190.00

- □ Retail Food Establishment* - over 10,000 sq. ft.  
  Number of Seats in Food Establishment: ________  
  Fee: $500.00

*Retail Food Establishments include restaurants, food markets, pharmacies, taverns, liquor stores, Nursing homes, day care facilities, nursery schools and for-profit schools.

- □ Mobile Retail Food Establishment
  Fee: $125.00

- □ Catering
  Fee: $125.00

- □ Pharmacy/Package Goods Only
  Fee: $60.00

- □ Pet Shop/Kennel
  Fee: $25.00

- □ Non-Profit (School, Church, etc.)
  Fee: $0.00

**OTHER FEES, IF APPLICABLE:**

- □ Late Fee  
  [will be applied to renewal applications postmarked or received after December 31]  
  Fee: $50.00

- □ Reinspection Fee (1st offense)  
  Fee: $75.00

- □ Reinspection Fee (2nd and subsequent offense)  
  Fee: $125.00

- □ Plan Review Fee  
  Fee: $175.00

- □ Plan Alterations Review Fee  
  Fee: $125.00

- □ Food Handlers Course Fee  
  Fee: $40.00

- □ Grease Trap Inspection Fee  
  Fee: $75.00

**APPLICANT INFORMATION:**

Check one:  
- □ Individual  
- □ Partnership  
- □ Corporation

Applicant’s Name: ________________________________

Address: ______________________________________

_____________________________________________

Email Address: _________________________________

Primary Phone: ________________________________

Secondary Phone: _______________________________
IF AN INDIVIDUAL OR PARTNERSHIP:
Name: __________________________________________
Address: ________________________________________
Email Address: __________________________________
Primary Phone: _________________________________
Secondary Phone: ________________________________

IF A CORPORATION:
Corporate Name: __________________________________
Address: ________________________________________
Email Address: __________________________________
Primary Phone: _________________________________
Secondary Phone: ________________________________

Corporation’s Registered Agent:
Name: _________________________________________
Address: ________________________________________
Email Address: __________________________________
Primary Phone: _________________________________
Secondary Phone: ________________________________

NAME OF PERSON[S] WHO ATTENDED THE FOOD HANDLERS’ TRAINING SEMINAR (CURRENT FOOD HANDLER TRAINING REQUIRED):
Name: _________________________________________ Date Attended Training Seminar:______________
Name: _________________________________________ Date Attended Training Seminar:______________

PLEASE ATTACH COPY(IES) OF FOOD HANDLERS’ TRAINING CERTIFICATE(S)

DESCRIPTION OF FOOD SERVICES PROVIDED:
________________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
SERVICE PROVIDERS (Complete if applicable)

EXTERMINATOR:
Name: ____________________________________________
Address: ___________________________________________
_________________________________________________
Primary Phone: __________________________________________

COOKING OIL WASTE CONTRACTOR:
Name: ____________________________________________
Address: ___________________________________________
_________________________________________________
Primary Phone: __________________________________________

VENTILATION HOOD CLEANING CONTRACTOR:
Name: ____________________________________________
Address: ___________________________________________
_________________________________________________
Primary Phone: __________________________________________

SOLID WASTE CONTRACTOR:
Name: ____________________________________________
Address: ___________________________________________
_________________________________________________
Primary Phone: __________________________________________

IN CASE EMERGENCY CONTACT:
Name: ____________________________________________
Primary Phone: __________________________________________
Secondary Phone: __________________________________________

I AGREE to conduct the premises in conformance with Chapter 24 of the State Sanitary Code; Ordinances of the Borough of Chatham and the Chatham Borough Health Department relating to the conduct of such business. The information provided in my application is true and complete. I understand that false or misleading statements may be cause for suspension or revocation of the food license.

_________________________  __________________________  _____________
Signature of Applicant       Applicant’s Title       Date

INCOMPLETE APPLICATIONS WILL BE RETURNED.

Return completed application and fee to:
CHATHAM BOROUGH CLERK’S OFFICE
54 Fairmount Avenue
Chatham, New Jersey 07928
Attn: Amelia Hoffman