**BOARD OF HEALTH 2019 RETAIL FOOD LICENSE APPLICATION**

**PLEASE CHECK ONE:**

<table>
<thead>
<tr>
<th>Number of Seats</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Food Establishment</td>
<td></td>
</tr>
<tr>
<td>Retail Food Establishment* - under 2,000 sq. ft.</td>
<td>$110.00</td>
</tr>
<tr>
<td>Retail Food Establishment* - 2,000 - 5,000 sq. ft.</td>
<td>$160.00</td>
</tr>
<tr>
<td>Retail Food Establishment* - 5,000 - 10,000 sq. ft.</td>
<td>$190.00</td>
</tr>
<tr>
<td>Retail Food Establishment* - over 10,000 sq. ft.</td>
<td>$500.00</td>
</tr>
</tbody>
</table>

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

- [x] Mobile Retail Food Establishment | $125.00
- [ ] Catering | $125.00
- [ ] Pharmacy/Package Goods Only | $60.00
- [ ] Pet Shop/Kennel | $25.00
- [ ] Non-Profit (School, Church, etc.) | $0.00

**OTHER FEES, IF APPLICABLE:**

- [ ] Late Fee | $50.00
  [will be applied to renewal applications postmarked or received after December 31]
- [ ] Reinspection Fee (1st offense) | $75.00
- [ ] Reinspection Fee (2nd and subsequent offense) | $125.00
- [ ] Plan Review Fee | $175.00
- [ ] Plan Alterations Review Fee | $125.00
- [ ] Food Handlers Course Fee | $40.00
- [ ] Grease Trap Inspection 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