



Incorporated 1897

Borough of Chatham

BOROUGH HALL
54 FAIRMOUNT AVENUE
CHATHAM, NEW JERSEY 07928

973-635-0674 • ChathamBorough.org

Return Application and Fee to
CHATHAM BOROUGH
CLERK'S OFFICE

BOARD OF HEALTH 2019 RETAIL FOOD LICENSE APPLICATION

PLEASE CHECK ONE:

	<u>Number of Seats</u>	<u>Fee</u>
	<u>In Food Establishment</u>	
<input type="checkbox"/> Retail Food Establishment* - under 2,000 sq. ft.	_____	\$110.00
<input type="checkbox"/> Retail Food Establishment* - 2,000 – 5,000 sq. ft.	_____	\$160.00
<input type="checkbox"/> Retail Food Establishment* - 5,000 – 10,000 sq. ft.	_____	\$190.00
<input type="checkbox"/> Retail Food Establishment* - over 10,000 sq. ft.	_____	\$500.00
*Retail Food Establishments include restaurants, food markets, pharmacies, taverns, liquor stores, Nursing homes, day care facilities, nursery schools and for-profit schools.		
<input type="checkbox"/> Mobile Retail Food Establishment		\$125.00
<input type="checkbox"/> Catering		\$125.00
<input type="checkbox"/> Pharmacy/Package Goods Only		\$60.00
<input type="checkbox"/> Pet Shop/Kennel		\$25.00
<input type="checkbox"/> Non-Profit (School, Church, etc.)		\$0.00

OTHER FEES, IF APPLICABLE:

<input type="checkbox"/> Late Fee	\$50.00
[will be applied to renewal applications postmarked or received after December 31]	
<input type="checkbox"/> Reinspection Fee (1 st offense)	\$75.00
<input type="checkbox"/> Reinspection Fee (2 nd and subsequent offense)	\$125.00
<input type="checkbox"/> Plan Review Fee	\$175.00
<input type="checkbox"/> Plan Alterations Review Fee	\$125.00
<input type="checkbox"/> Food Handlers Course Fee	\$40.00
<input type="checkbox"/> 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