# BOARD OF HEALTH 2020 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.

□ 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:**

<table>
<thead>
<tr>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Late Fee  $50.00  [will be applied to renewal applications postmarked or received after December 31]</td>
</tr>
<tr>
<td>□ Reinspection Fee (1st offense)  $75.00</td>
</tr>
<tr>
<td>□ Reinspection Fee (2nd and subsequent offense)  $125.00</td>
</tr>
<tr>
<td>□ Plan Review Fee  $175.00</td>
</tr>
<tr>
<td>□ Plan Alterations Review Fee  $125.00</td>
</tr>
<tr>
<td>□ Food Handlers Course Fee  $40.00</td>
</tr>
<tr>
<td>□ Grease Trap Inspection Fee  $75.00</td>
</tr>
</tbody>
</table>

**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