UNION TOWNSHIP; HUNTERDON COUNTY, BOARD OF HEALTH
140 PERRYVILLE ROAD
HAMPTON, NEW JERSEY 08827

908-735-8027 Ext. 10

APPLICATION FOR RETAIL FOOD ESTABLISHMENT LICENSE

For Period Commencing July 1, _____

Application is hereby made by the undersigned for a License pursuant to: "AN ORDINANCE TO PROVIDE FOR THE LICENSING OF RETAIL FOOD ESTABLISHMENTS, ESTABLISHING LICENSE FEES, PROVIDING FOR ENFORCEMENT AND ADMINISTRATION AND FIXING PENALTIES FOR THE VIOLATION THEREOF IN THE TOWNSHIP OF UNION, COUNTY OF HUNTERDON, STATE OF NEW JERSEY."

1. Application for (check one): ( ) New License ( ) Renewal

2. Name of Applicant: _____

   Mailing Address: _____

   Telephone: _____

   Trade Name (if any): _____

3. Check which is applicable:

   ( ) Sole Proprietorship ( ) Partnership

   ( ) Corporation ( ) Other: _____

If a partnership, state the names and addresses of all partners. (attach schedule if necessary)

If a corporation, state the names and addresses of President, Secretary, Registered Agent

Name: _____ Name: _____
Title: _____ Title: _____
Address: _____ Address: _____
_____ _____

Name: _____ Name: _____
Title: _____ Title: _____
Address: _____ Address: _____
_____ _____

4. Location of premises: Block #: _____ Lot #: _____

   Street Address _____

   Property owner of record: _____

   Address: _____ (over)

5. Describe type of operation (check applicable):

a) ( ) Profit

( ) Non-profit
- ( ) Church
- ( ) Fire Co./Rescue Squad
- ( ) Governmental
- ( ) Other _____

b) TEMPORARY
- ( ) Picnic
- ( ) Carnival
- ( ) Other: (describe)

_____
_____
_____

c) ANNUAL/PERMANENT
- ( ) Vending Machine
- ( ) Restaurant
- ( ) Tavern/Cocktail Lounge
- ( ) Luncheonette/Diner
- ( ) Bakery
- ( ) Grocery/Delicatessen
- ( ) Meat Market
- ( ) Public Cafeteria/Dining Hall
- ( ) Private Cafeteria/Dining Hall
- ( ) Other: (describe) _____

6. Number and date of previous license: _____

7. Date of last inspection by Hunterdon County Health Dept.: _____

( ) Satisfactory ( ) Unsatisfactory ( ) Conditional

Attach a photocopy of current health inspection certificate

8. **Application for a new license/renewal must be accompanied by the fee accordingly:**

- Liquor stores and retail establishments, which handle commercially prepared, prepackaged foods as an incidental part of their business - $125.00.
- Bed & Breakfasts which serve full breakfasts; agricultural markets (w/no on-site food preparation) where grocery food items account for 50% or more of the agricultural market's sales area - $125.00
- Bed & Breakfasts which only serve continental breakfasts and agricultural markets which only sell raw agricultural products and an incidental amount of grocery items are exempt from licensing and inspection fees.
- All other retail food establishments including vending machine locations - $250.00.

Authorized Signature _____
Print/type name _____
Position/title _____

Sworn to and Subscribed before me this _____ day of _____, _____

FOR TOWNSHIP USE ONLY

License Fee Paid: _____
License Granted/Denied: _____

retailfoodapp