



TOWNSHIP of MONTGOMERY

HEALTH DEPARTMENT

Also serving the Borough of Rocky Hill

100 Community Drive Skillman, New Jersey 08558

Phone: 908-359-8211 Fax: 908-430-7336 Email: Health@montgomerynj.gov

RETAIL FOOD LICENSE APPLICATION

1. Establishment Information:

Name: _____

Street Address: _____

Mailing Address (if different): _____

Phone: _____ Email: _____

2. Owner Information:

Name: _____

Home Address: _____

Emergency/Cell Phone: _____ Email: _____

3. Montgomery Township Board of Health Code requires there be at least one employee on the premises, a minimum of 4 hours each 8 hour work period, that possesses a "**NEW JERSEY CERTIFIED FOOD MANAGER'S CERTIFICATE.**" A copy of each employee's most current certificate must be on file with this Department. Please print the person(s) who will be responsible for maintaining food safety at this establishment.

PRINT NAME OF CERTIFIED MANAGER

WORK SCHEDULE

MONTH/YEAR OF LAST TRAINING

PRINT NAME OF CERTIFIED MANAGER

WORK SCHEDULE

MONTH/YEAR OF LAST TRAINING

4. Classification: (If your establishment has a grease trap, you must also check category E for grease trap registry)

A. Food establishment: **Restaurants** (Certified-Club-Snack bar)

- 1. Seating Capacity – 1 to 50Fee \$150.00
- 2. Seating Capacity – 51 to 100Fee \$250.00
- 3. Seating Capacity – 101 & over.....Fee \$350.00

B. Food establishment: **Supermarket, Bakery, Deli, etc.** (Other than restaurants)

- 1. 0 – 3500 square feetFee \$150.00
- 2. 3501 – 5000 square feetFee \$250.00
- 3. 5001 – 10,000 square feetFee \$350.00
- 4. Over 10,000 square feetFee \$650.00

C. Pre-packaged Foods onlyFee \$65.00

D. Mobile Retail Food (see reverse)Fee \$150.00

E. Annual Grease Trap registration feeFee \$25.00

MOBILE RETAIL FOOD (ONLY)

Please list the name and location of your commissary or base of operation: (this would be where the food truck or food trailer returns regularly for such things as: restocking food, refilling water tanks, vehicle and equipment cleaning, etc)

Name: _____

Address: _____

Phone #: _____

License Plate Number of Vehicle(s) used: _____

List ALL food items you intend to sell. (or attach a copy of your menu with application)

SIGNATURE OF APPLICANT: _____ **DATE:** _____

Make checks payable to: *Township of Montgomery*

FOR HEALTH DEPARTMENT USE ONLY	
Date Received: _____ / _____ /20_____	
License #: _____	Grease Trap Registration #: _____
Date Issued: _____ / _____ /20_____	
Approved By: _____	Risk Classification: _____

LICENSES EXPIRE DECEMBER 31ST, ANNUALLY