



# 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](mailto: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 50 .....Fee \$150.00 ☐  
2. Seating Capacity – 51 to 100 .....Fee \$250.00 ☐  
3. Seating Capacity – 101 & over.....Fee \$350.00 ☐

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

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

C. Pre-packaged Foods only .....Fee \$65.00 ☐

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

E. Annual Grease Trap registration fee .....Fee \$25.00 ☐

FLIP OVER to sign

**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**