



**SOMERSET COUNTY**  
**DEPARTMENT OF HEALTH**  
 Tel (908) 231-7155 \* Fax (908) 704-8042



**APPLICATION FOR RETAIL FOOD ESTABLISHMENT LICENSE**  
**\*\*PLEASE MAKE CHECKS PAYABLE TO SOMERVILLE DIVISION OF HEALTH\*\***

**NEW APPLICATION**

**RENEWAL**

**ESTABLISHMENT TRADE NAME** \_\_\_\_\_

**DATE** \_\_\_\_\_

**ESTABLISHMENT INFORMATION:**

Address \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Manager or Person in Charge \_\_\_\_\_

**(For Official Use Only)**

License # \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Fee Submitted \_\_\_\_\_

Certified Food Handler \_\_\_\_\_

Hours of Operation \_\_\_\_\_

Seating Capacity \_\_\_\_\_ License Class No. \_\_\_\_\_ Square Footage of Est. \_\_\_\_\_ # of Employees \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

**OWNER INFORMATION AND MAILING ADDRESS:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Email Address \_\_\_\_\_

**MAIL LICENSE TO:**     **Establishment**                       **Owner (Please choose preferred address)**

**GREASE HAULER:** \_\_\_\_\_ PHONE # \_\_\_\_\_

**GARBAGE HAULER:** \_\_\_\_\_ PHONE # \_\_\_\_\_

**RECYCLING HAULER:** \_\_\_\_\_ PHONE # \_\_\_\_\_

**EXTERMINATOR:** \_\_\_\_\_ PHONE # \_\_\_\_\_

CLASS	TYPE	FEE
1	Retail Food Establishment + per / employee	\$200 \$2.00
2	Food Establishment Late Fee: After July 1	\$100
3	Food Establishment Late Fee: After August 1	\$100 (Additional)
4	Mobile Food Vendor	\$100
6	Temporary Food Vendor	\$50
7	Milk License: Wholesale Retail	\$100 \$25

I, \_\_\_\_\_, hereby apply for a license to operate a retail food establishment and agree to comply with, and abide by, all the provisions of N.J.A.C. 8:24 of the New Jersey Sanitary Code and all local codes regulating retail food establishments. I further understand that this license is not transferable and may be revoked upon violation of these codes.

**SIGNED** \_\_\_\_\_