



TOWNSHIP OF SCOTCH PLAINS, NEW JERSEY

430 PARK AVENUE • (908) 322-6700

DEPARTMENT
OF
HEALTH

**APPLICATION FOR LICENSE TO OPERATE A
RETAIL FOOD ESTABLISHMENT
EXPIRES JUNE 30TH _____**

PLEASE LEGIBLY PRINT INFORMATION

TRADE NAME _____

LOCATION OF BUSINESS _____

NAME OF OWNERSHIP (AND PRESIDENT IF CORP.) - IF CORP. GIVE EXACT NAME OF CORP. _____

HOME OR MAILING ADDRESS OF OWNERSHIP _____

BUSINESS PHONE _____ CELL PHONE _____ FAX _____ EMAIL _____

TYPE OF FOOD BUSINESS* _____ SEATING CAPACITY _____

I/WE HEREBY MAKE APPLICATION FOR A LICENSE TO OPERATE A RETAIL FOOD ESTABLISHMENT, AND AGREE TO CONDUCT BUSINESS IN COMPLIANCE WITH THE LAWS OF THE STATE OF NEW JERSEY AND THE ORDINANCES OF THE TOWNSHIP OF SCOTCH PLAINS IN THE COUNTY OF UNION, STATE OF NEW JERSEY AND ORDINANCES AND REGULATIONS OF THE HEALTH DEPARTMENT OF THE SAID TOWNSHIP OF SCOTCH PLAINS.

I/WE HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND I FULLY UNDERSTAND THAT ANY DEVIATION FROM THE ABOVE INFORMATION INCLUDING MODIFICATION OF ORIGINALLY PERMITTED FOOD SALES AND EQUIPMENT WITHOUT PRIOR WRITTEN PERMISSION FROM THE SCOTCH PLAINS HEALTH DEPARTMENT MAY/WILL NULLIFY APPROVAL AND USE. THE AFOREMENTIONED SECTION ALSO APPLIES TO MOBILE AND TEMPORARY FOOD ESTABLISHMENTS. *IF BUSINESS IS MOBILE OR TEMPORARY FOOD, PROVIDE TYPE OF FOOD AND SOURCES ON REVERSE SIDE OF THIS APPLICATION; INCLUDING THE PAST TWO SANITARY INSPECTION REPORTS OF SUPPLIER.

DATE OF APPLICATION

SIGNATURE OF APPLICANT

PRINT NAME

THIS APPLICATION MUST BE COMPLETED BEFORE LICENSE IS ISSUED OR RENEWED PREMISES INSPECTED AND APPROVED FOR INITIAL LICENSE.

(For office use only)

NAME: _____ DATE PAID: _____ FEE AMOUNT _____

LICENSE NO. _____ DATE ISSUED _____ CHECK/CASH _____ INITIALS _____

***NOTE:** IF THIS APPLICATION IS MADE TO CONDUCT A MOBILE OR TEMPORAR FOOD ESTABLISHMENT A COPY OF THE PERTINENT LAWS ARE ATTACHED FOR YOUR REFERENCE.