

Warren Township Board of Health

46 Mountain Blvd, Warren, NJ 07059

Kevin G. Sumner, Health Officer

(908) 753-8000 ext 239 (908) 757-9173 (fax) dhands@warrennj.org

Application for Retail Food Establishment License

Establishment Trading Name: _____

Street Address: _____

Mailing Address (if different): _____

Business Phone: _____ Emergency Phone: _____

Name and Address of Owner (s), Partners, Firm, etc.: _____

Square Footage of Entire Establishment: _____ sq. ft. Payment Enclosed Per Fee Schedule: \$ _____

Email: _____

Type of Business (Check all that Apply):

____ Restaurant _____ Camp
____ Grocery/Convenient Store _____ Swim Club
____ Liquor Store w/ Bar, no Food _____ Mobile Food
____ Liquor Store w/o Bar or Food _____ Event: _____
____ Day Care Facility (Prepare Food: ____ Yes ____ No) _____ Date(s): _____
____ Temporary Establishment
____ Event: _____
____ Date(s): _____
____ Farm Stand (specify months open ____ more than 10 months ____ 6 to 10 months ____ less than 6 months
____ Other (specify) :

Indicate Type of Water Supply: _____ Public Water _____ Well Water

Indicate Type of Sewage Disposal: _____ Public Sewer _____ Septic System

Provide Garbage Disposal Contractor Name: _____

Frequency of Garbage Pick-up: _____ times/week

Applicant Signature _____ **Date:** _____

For Office Use Only

Basic Fee	\$	Processed By	_____
Reinspection Fee	\$	License Number	_____
Credit for Food Handler Training	\$	Receipt Number	_____
Late Fee	\$		
Total Fee Due	\$	Date	_____