



**TOWNSHIP OF HARDING  
BOARD OF HEALTH  
NEW RETAIL FOOD ESTABLISHMENT LICENSE  
APPLICATION**

21 Blue Mill Road, P.O. Box 666  
New Vernon, New Jersey 07976  
(973) 267-8000 Ext. 715

FOR OFFICE USE ONLY		
License Number: _____	Fee: _____	Date of Issue: _____

**APPLICATION FOR A LICENSE TO:**

Conduct, maintain or operate a food handling establishment of the following type:

- Risk type 1 (\$175)     
  Risk type 2 (\$275)     
  Risk type 3 (\$375)     
  Risk type 4 (\$500)

As defined in NJAC 8:24-1.5:     New Application       Renewal

Date \_\_\_\_\_ Fee Enclosed \_\_\_\_\_

**ABOUT THE ESTABLISHMENT:**

Trade Name of Business:	
Location of Business:	
Business Phone#:	
Business Email address:	

**ABOUT THE OWNERSHIP:**

Is the business owned by a	Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/>
Name of the corporation, partnership or owner	
Address of the corporation, partnership or owner.	
Email address:	
Business Telephone #:	
Is trade name duly registered? If so, where:	

OPERATION OF THE ESTABLISHMENT	YES	NO	NOT APPLICABLE
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OPERATION OF THE ESTABLISHMENT	YES	NO	NOT APPLICABLE
Do you possess a copy of Chapter 24 of the New Jersey State Sanitary Code regulating the retail provision of food, (N.J. A.C. 8-24-1 et. seq) that you have read and are familiar with? See: <a href="http://www.state.nj.us/health/eoh/documents/chapter24_effective_1207.pdf">http://www.state.nj.us/health/eoh/documents/chapter24_effective_1207.pdf</a>			
Are only pre-packaged, non-potentially hazardous foods or commercially processed foods served?			
Does the establishment prepare, cook and serve most products immediately?			
Does the establishment exercise hot and cold holding of potentially hazardous foods after preparation or cooking? That is, are foods made in advance and stored for later use?			
Does the establishment limit the complex preparation of potentially hazardous foods to two or fewer items?			
Does the establishment have an extensive menu which requires the handling of raw ingredients and is involved in the complex preparation of menu items that includes the cooking, cooling and reheating of at least three or more potentially hazardous foods?			
Does the establishment prepare and serve potentially hazardous foods including the extensive handling of raw ingredient; and whose primary service population is a highly susceptible population?			
Does the establishment conduct specialized processes such as smoking, curing, canning, bottling, acidification designed to control pathogen proliferation, or any reduced oxygen packaging intended for extended shelf life?			
Are chemical feeding systems on the dishwasher stocked and properly functioning?			
Is adequate refrigeration capable of maintaining food temperatures of 41 degrees F or less provided for perishable and potentially hazardous foods (i.e. meats, meat products, fish, poultry, dairy products, produce, etc.)			
Are fresh shellfish (i.e. clams, oysters, mussels) prepared or served at this establishment?			
If shellfish are served, are tags kept for a minimum of 90 days?			

**DETAILS ABOUT THE OPERATION:**

Describe the specific method(s) used to rapidly cool cooked foods that are to be stored for future use. (i.e. refrigeration in uncovered shallow pans, ice bath with stirring, cooling paddle with stirring etc.) and methods for hot holding foods after preparation:


**PERSON IN CHARGE**

Each establishment shall name a Person In Charge in accordance with N.J.A.C. 8:24-2.1 and such a person shall be present during all hours of operation.

<b>Day of Week</b>	<b>Hours</b>	<b>Name of Person In Charge &amp; ServSafe Certification Number</b>

**CERTIFICATION OF APPLICATION:**

In consideration of the issuance of such license, the applicant agrees to comply at all items with State Statutes, the Code of the Township of Harding, and all rules and regulations of the State of New Jersey and the Township of Harding Health Department governing the operation of retail food establishments.

The applicant certifies that to his knowledge, the above information is true and accurate. The applicant further agrees to immediately inform the Township of Harding Health Department of any contemplated change of the above stated information, or in the operation of food handling practices of the business.

This license, if granted, is issued upon the express condition that the same is subject to forfeiture or revocation in the event that the applicant or operator shall violate any of the agreements herein set forth.

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Title of Applicant