



Delaware Township - Hunterdon County

Board of Health

PO BOX 500 | 570 Rosemont Ringoes Rd

Sergeantsville, NJ 08557

Retail Food Permit Application

Please include a check or money order made payable to the Township of Delaware for \$235

Check one: NEW APPLICATION RENEWAL

Name of Establishment

Physical Address

Mailing Address

Establishment Phone Number

Manager Name & Phone Number

Owner Name & Phone Number

Owner Home Address

Corporation Contact Information (if applicable)

If applicable - attach a Corporate Disclosure Statement listing the name, address, and telephone number of the President, Vice President, Secretary, Treasurer, Registered Agent, and Sanitarian/ Environmental Specialist.

Name of Corporation

Contact person for Corporation

Corporation Mailing Address

Corporation Phone Number

Contact information for Renewals

Contact name

Contact email address

If this business is Tax Exempt and this is the initial application, attach written proof of Federal Tax Exemption.



Delaware Township - Hunterdon County

Board of Health

PO BOX 500 | 570 Rosemont Ringoes Rd

Sergeantsville, NJ 08557

Please select the appropriate answer:

1. Does your establishment have a commercial dishwasher with a separate booster capable of 180°f at final rinse? Yes No
2. Does your establishment have a manual sanitizing sink with no less than three compartments with plumbing (hot and cold potable water and drain) installed in each compartment? Yes No
3. Does your establishment have a separate hand wash sink conveniently located in the food preparation area for frequent use of food handlers? This sink must not be used for any other purpose than handwashing between food handling operations
 Yes No
4. What is your current Health Department Inspection Status (attach copy)
 Satisfactory Conditionally Satisfactory

I (or we), the undersigned, do hereby make application for a license to operate a retail food establishment in the Township of Delaware, and in the event such license is granted, I (we) agree to abide by all the provisions, rules, and regulations of the Hunterdon County Health Department, the sanitary code of Delaware Township, and Chapter 24 of New Jersey Sanitary Code.

I/we also understand that any alteration or expansion of the food service operation requires sealed plans being submitted to the Hunterdon County Health Department for review and approval.

Applicant Signature

Date

Print Name

FOR TOWNSHIP USE ONLY

Date Received: _____

Check Number: _____

Permit Number: _____