

Office Use Only
License Number:
License Year:
Payment Amount:
[] Cash [] Check #

RETAIL FOOD ESTABLISHMENT APPLICATION

Health Inspection and Approval	Date
Tradic 22 von regional frantii Commission Cst Omy.	
*PLEASE SUBMIT APPLICATION TO BOARD OF HEALTH SECRETARY AT Email: dgray@watchungnj.gov (payment must be received before ap or mail with payment to: 15 Mountain Boulevard, Watchung, N Middle-Brook Regional Health Commission Use Only.	oplication is processed)
	·.
Sanitary Code, N.J.A.C. 8:24, in case such license is granted.	ang 5 coue and the 140
[] By checking this box, I agree to comply with and abide by all t regulations of the Board of Health found in the Borough of Watch	-
——————————————————————————————————————	ners or officers:
Is the Applicant: [] Individual [] Partnership [] Constitution of Corporation, provide the name and home address of all partnership or Corporation, provide the name and home address of all partnership or Corporation, provide the name and home address of all partnership or Corporation, provide the name and home address of all partnership or Corporation, provide the name and home address of all partnership or Corporation, provide the name and home address of all partnership or Corporation (and the name and home address of all partnership or Corporation).	
Phone: Email:	
Applicant Address:	
Name of Applicant:	
Business Phone: Business Email:	
Address of Business:	
Name of Business:	
EXPIRATION DATE: MARCH 31 ST (of every year)	ear)
Total Due (Check Payable to Borough of Watchung):	\$
Late Fee for Failure to Renew Upon Change in Ownership/Management:	\$ 100.00 Per Month
Late Fee Failure to Renew After April 30th:	\$ 100.00 Per Month
Each Reinspection Due to Unsatisfactory Rating:	\$ 150.00
Laboratory Costs:	\$ 50.00
Over 10,000 Square Footage:	\$ 500.00
5001 to 10,000 Square Footage:	\$ 375.00
2501 to 5000 Square Footage:	\$ 325.00
1 to 2500 Square Footage:	\$ 275.00
FEE SCHEDULE:	