



# Borough of Watchung

## BOARD OF HEALTH

<b>Office Use Only</b>	
License Number:	
License Year:	
Payment Amount:	
<input type="checkbox"/> Cash <input type="checkbox"/> Check #	_____

### RETAIL FOOD ESTABLISHMENT APPLICATION

#### FEE SCHEDULE:

1 to 2500 Square Footage:	\$ 275.00
2501 to 5000 Square Footage:	\$ 325.00
5001 to 10,000 Square Footage:	\$ 375.00
Over 10,000 Square Footage:	\$ 500.00
Laboratory Costs:	\$ 50.00
Each Reinspection Due to Unsatisfactory Rating:	\$ 150.00
Late Fee Failure to Renew After April 30 <sup>th</sup> :	\$ 100.00 Per Month
Late Fee for Failure to Renew Upon Change in Ownership/Management:	\$ 100.00 Per Month
<b>Total Due</b> (Check Payable to Borough of Watchung):	\$ _____

**EXPIRATION DATE: MARCH 31<sup>ST</sup> (of every year)**

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is the Applicant:  Individual  Partnership  Corporation  LLC

If Partnership or Corporation, provide the name and home address of all partners or officers:

\_\_\_\_\_  
\_\_\_\_\_

**By checking this box, I agree to comply with and abide by all the provisions, rules and regulations of the Board of Health found in the Borough of Watchung's code and the NJ Sanitary Code, N.J.A.C. 8:24, in case such license is granted.**

**\*PLEASE SUBMIT APPLICATION TO BOARD OF HEALTH SECRETARY AT:**

Email: [dgray@watchungnj.gov](mailto:dgray@watchungnj.gov) (payment must be received before application is processed)  
or mail with payment to: 15 Mountain Boulevard, Watchung, New Jersey 07069

**Middle-Brook Regional Health Commission Use Only.**

<b>Health Inspection and Approval</b>	<b>Date</b>
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Kevin Sumner, Health Officer (732) 968-5151  
15 Mountain Boulevard, Watchung New Jersey 07069  
Phone: (908) 756-0080; Fax: (908) 757-7027  
Permits/Applications [www.watchungnj.com](http://www.watchungnj.com)