



Borough of Watchung

BOARD OF HEALTH

Office Use Only

License Number: _____

License Year: _____

Payment Amount: _____

Cash Check # _____

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Date of Application: _____

Name of Business: _____

Address of Business: _____

Business Phone: _____ Business Email: _____

Type of Business: _____

Is the Owner: Individual Partnership Corporation LLC

Name of Applicant/Owner: _____

Applicant/Owner Address: _____

Applicant/Owner Phone: _____

Applicant/Owner Email: _____

FEE SCHEDULE:

Application Fee: **\$ 150.00**

OR

Re-Review Fee: **\$ 100.00**

Total Due: \$ _____

(Check Payable to Borough of Watchung)

Middle-Brook Regional Health Commission Use Only.

Date Floor Plans Received: _____

Application Approved OR Denied By: _____

Date Approved OR Denied: _____

*PLEASE SUBMIT APPLICATION TO BOARD OF HEALTH SECRETARY AT:

Email: dgray@watchungnj.gov (payment must be received before application is processed)

or mail with payment to: 15 Mountain Boulevard, Watchung, New Jersey 07069