



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