



**SOMERSET COUNTY  
DEPARTMENT OF HEALTH**  
P.O. Box 3000 \* 27 Warren Street  
Somerville, NJ 08876  
Tel (908) 231-7155 \* Fax (908) 704-8042



**APPLICATION FOR RETAIL FOOD ESTABLISHMENT LICENSE**

**\*\*\*PLEASE MAKE CHECKS PAYABLE TO BOROUGH OF FAR HILLS\*\*\***

**NEW APPLICATION**

**RENEWAL**

**ESTABLISHMENT TRADE NAME** \_\_\_\_\_

**DATE** \_\_\_\_\_

**ESTABLISHMENT INFORMATION:**

**(For Official Use Only)**

Address \_\_\_\_\_

License # \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Check # \_\_\_\_\_

Manager or Person in Charge \_\_\_\_\_

Fee Submitted \_\_\_\_\_

Certified Food Handler \_\_\_\_\_

Hours of Operation \_\_\_\_\_

Seating Capacity \_\_\_\_\_ License Class No. \_\_\_\_\_ Square Footage of Est. \_\_\_\_\_ # of Employees \_\_\_\_\_

**OWNER INFORMATION:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Emergency Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

**GREASE HAULER:** \_\_\_\_\_ PHONE # \_\_\_\_\_

**GARBAGE HAULER:** \_\_\_\_\_ PHONE # \_\_\_\_\_

**RECYCLING HAULER:** \_\_\_\_\_ PHONE # \_\_\_\_\_

**EXTERMINATOR:** \_\_\_\_\_ PHONE # \_\_\_\_\_

<b>CLASS</b>	<b>TYPE</b>	<b>FEE</b>
1	School Cafeteria (self-operated); Non-Profit Organization	None
2	Mobile Catering; Mobile Food Establishment	\$100.00
3	Cocktail Lounges; Taverns; Bars; Night Clubs; Grocery Store; Butcher Shop	\$ 75.00
4	Deli; Frozen Dessert; Milk-Retail	\$100.00
5	Industrial Feeding / cafeteria (under 100 seating); Retail Bakery; Camps; Convalescent & Nursing Homes	\$125.00
6	Industrial Feeding (over 100 seating); Restaurant (over 100 seating); Supermarkets	\$200.00

I, \_\_\_\_\_, hereby apply for a license to operate a retail food establishment and agree to comply with, and abide by, all the provisions of N.J.A.C. 8:24 of the New Jersey Sanitary Code and all local codes regulating retail food establishments. I further understand that this license is not transferable and may be revoked upon violation of these codes.

**SIGNED** \_\_\_\_\_