

ROCKAWAY TOWNSHIP DIVISION OF HEALTH
65 MOUNT HOPE ROAD, ROCKAWAY, NEW JERSEY 07866
(973)983-2848/2849

APPLICATION FOR FOOD SERVICE ESTABLISHMENT

DATE _____

TRADE NAME OF FIRM _____

PHONE # _____

FAX # _____

EMAIL ADDRESS: _____

BUSINESS ADDRESS _____

OWNER'S NAME _____ HOME PHONE # _____

RESIDENCE ADDRESS _____

*IF A CORPORATION, PLEASE LIST NAME OF PRESIDENT: _____

HOURS OF OPERATION _____

TEMPORARY EVENT Name of Event _____ Date of Event _____

DESCRIPTION OF FOOD SERVICES TO BE RENDERED:
(I.E., HOT FOODS, SANDWICHES, DRINKS, ALCOHOLIC BEVERAGES, ETC.)

NAME/ADDRESS OF EXTERMINATING COMPANY: _____

PHONE # _____ TYPE OF SERVICE (PREVENTATIVE, INSECT & RODENT) _____

NUMBER OF SERVICE CALLS PER MONTH: _____ (SERVICE OF AT LEAST ONCE/MONTH IS REQUIRED).

NOTE: NO LICENSE SHALL BE TRANSFERABLE. LICENSES MAY BE SUSPENDED OR REVOKED BY THE DIVISION OF HEALTH UPON VIOLATION OF PURPOSES, INTENT AND PROVISIONS OF CHAPTER 24 OF THE STATE SANITARY CODE. THE SOLID WASTE CODE, OTHER ORDINANCES OF THE HEALTH DEPARTMENT, OTHER ORDINANCES OF THE MUNICIPALITY AND STATUTORY LAWS OF THE STATE OF NEW JERSEY RELATING TO THE CONDUCT OF SUCH BUSINESS.

BY CONSIDERATION OF SUCH LICENSE, I HEREBY AGREE TO CONDUCT THE SAID PREMISES IN CONFORMANCE WITH THE PURPOSES, INTENT AND PROVISIONS OF THE ABOVE MENTIONED CODES OR ORDINANCES STATED HEREIN.

Signature of Applicant

Title

RETAIL FOOD ESTABLISHMENT – FEE SCHEDULE
(Please Remit Appropriate Fee With Your Application)

FOOD & DRINK (NON-SEATING)	\$50.00	_____	SUPERMARKET (25,000+ SQ. FT.)	\$200.00	_____
RESTAURANTS (1-50 SEATS)	\$65.00	_____	*MOBILE FOOD & DRINK	\$ 50.00	_____
RESTAURANTS (51-100 SEATS)	\$85.00	_____	*Please call for inspection		
RESTAURANTS (100+ SEATS)	\$105.00	_____	TEMPORARY LICENSE	\$ 25.00	_____
			FOOD COURT ESTABLISHMENTS	\$65.00	_____

****FOR OFFICE USE ONLY****

FEE REMITTED _____ CHECK # _____ PERMIT # APPROVED _____

ISSUE DATE _____ EXPIRATION DATE _____ APPROVED BY _____