

Borough of Chatham

Office of the Borough Clerk

54 Fairmount Avenue • Chatham • NJ 07928 973-635-0674 • ChathamBorough.org • clerk@chathamborough.org Return this application to:

Office of the Borough Clerk

BOARD OF HEALTH 2024 RETAIL FOOD LICENSE APPLICATION

INCOMPLETE APPLICATION OR INSUFFICIENT FEE WILL BE RETURNED

Entity Information:						
Check one:	□ Individual	□ Partnership	□ Corporation	□ LLC	□ Non-Profit	□ Other
Name:						
Address:						
Email Address:						
Primary Phone:						
Secondary Phone:						
Applicant Information	:					
Applicant's Name:						
Address:						
Email Address:						
Primary Phone:						
Secondary Phone:						
Corporation's Register	red Agent (if ap	pplicable):				
Name:						
Address:						
Email Address:						
Primary Phone:						
Secondary Phone:						

Licensing and Fee Schedule

Please check one:		Fee:		
□ Retail Food Establishment* - 9,999ft² and under		\$150.00		
□ Retail Food Establishment* - 10,000ft² and over				
* Retail Food Establishments include food markets, taverns, liquor stores, nursing homes, day care				
facilities, nursery schools and for-profit schools				
□ Restaurants, 1 to 49 seats (with indoor dining options)				
□ Restaurants, 50 or more seats (with indoor dining options)				
☐ Mobile Retail Food Establishment		\$100.00		
□ Catering				
□ Pharmacy/Package Goods Only		\$60.00		
□ Pet Shop/Kennel				
□ Non-Profit (School, Church, etc.)				
Other fees, if applicable:				
□ Late Fee (assessed <u>per month</u> after January)				
□ Food vending machines	\$50.00			
☐ Grease Trap Inspection Fee	\$75.00			
Reinspection fees, if applicable:				
Fee for reinspection of any retail food	First posting, \$100.00			
establishment receiving conditionally	Second consecutive posting, \$200.00			
satisfactory or unsatisfactory posting	Third consecutive posting, \$500.00			
Additional fee for conditionally satisfactory or	\$150.00			
unsatisfactory posting based on reinspection				
Plan Review fees, if applicable:				
Plan Review Fee (per plan)				
□ Retail Food Establishment - 9,999ft² and under				
□ Retail Food Establishment - 10,000ft² and over				
□ Restaurants, 1 to 49 seats (with indoor dining options)				
□ Restaurants, 50 or more seats (with indoor dining options)				
☐ Limited preexisting establishment alteration				

Note: New food establishments licensed on or after July 1 through December 31 shall pay $\frac{1}{2}$ of the annual fee for a license to operate.

Description of Food Se	ervices provided:			
Person[s] who attende (Current food handler tr		es' training semi	nar:	
Name:				
Date Attended Train	ing Seminar:			
Name: Date Attended Train				
Date Attended Train	ing Seminar:			
PLEASE ATTACH	I COPIES OF FO	OD HANDLER	S' TRAINING C	ERTIFICATE(S)
Service Providers (Con	plete if applicable)			
EXTERMINATOR: Name:				
Address:				<u> </u>
				_
Primary Phone:				
COOKING OIL WAS' Name:	TE CONTRACTO	OR:		
Address:				<u></u>
Primary Phone:				
VENTILATION HO Name:	OD CLEANING C	CONTRACTOR	:	
Address:				_
				_
Primary Phone:				

Name: Address:		
Primary Phone:		
IN CASE EMERGEN	Y CONTACT:	
Name:		
Primary Phone:		
Secondary Phone:		
of the Borough of Chabusiness. The information	duct the premises in conformance with Chapter 24 of the St ham and the Chatham Borough Health Department rela a provided in my application is true and complete. I under for suspension or revocation of the food license.	ating to the conduct of such
Signature of Applicant	Applicant's Title	Date

SOLID WASTE CONTRACTOR:

INCOMPLETE APPLICATIONS OR INSUFFICIENT FEES WILL BE RETURNED.

Return completed application and payment to:

Borough of Chatham 54 Fairmount Avenue Chatham, NJ 07928 Attn: Borough Clerk