

FOR OFFICE USE ONLY

License Number: _____

Fee: _____

Date of Issue: _____

TOWNSHIP OF HANOVER HEALTH DEPARTMENT
P.O. BOX 250, 1000 ROUTE 10
WHIPPANY, NEW JERSEY 07981
Tel: (973) 515-6667 Fax: (973) 515-3772

Application for a License to:

Conduct, Maintain or Operate a Food Handling Establishment for the selling or dispensing of food and/or drinks, whether or not to be consumed upon the premises where the same are sold or dispensed.

Please indicate the facility risk type as defined in NJAC 8:24-1.5:

 Risk type 1 Risk type 3 Risk type 2 Risk type 4New Application Renewal

A fee* shall be based on total floor area of the premises, including storage areas and calculated as follows:

Total Floor Area	Fee
Less than 5,000 square feet	\$250.00
5,001 to 10,000 square feet	350.00
10,001 to 30,000 square feet	500.00
Greater than 30,000 square feet	1,000.00

*Churches, non-profit schools, or any organization, society or group whose purpose does not include profit are exempt from the fee.

Date _____ 20____

Fee Enclosed _____

I. About the Establishment

Trade Name of Business:	
Location of Business:	
Business Contact Information	
Phone:	_____ Fax: _____
E-mail:	_____
EMERGENCY NUMBER:	

II. About the Ownership

Is the business owned by a	Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Individual <input type="checkbox"/>
Name of the corporation, partnership, LLC, if applicable	

Names, titles and business addresses of the corporate officers, partners, or individual owner(s)	
Contact Information	Phone: E-mail:

III. Operation of the establishment

	Yes	No	Not applicable
Do you possess a copy of Chapter 24 of the New Jersey State Sanitary Code regulating the retail provision of food, (N.J. A.C. 8:24-1 et. seq) that you have read and are familiar with?			_____
Are only pre-packaged, non-potentially hazardous foods or commercially processed foods served or sold?			
Does the establishment prepare, cook and serve most products immediately?			
Does the establishment exercise hot and cold holding of potentially hazardous food after preparation or cooking? That is are foods made in advance and stored for later use? (see item III-A #1)			
Does the establishment limit the complex preparation of potentially hazardous food to two or fewer items?			
Does the establishment have an extensive menu, which requires the handling of raw ingredients and is involved in the complex preparation of menu items that includes the cooking, cooling and reheating of at least three or more potentially hazardous foods?			
Does the establishment prepare and serve potentially hazardous foods including the extensive handling of raw ingredient; and whose primary service population is a highly susceptible population?			
Does the establishment conduct specialized processes such as smoking, curing, canning, bottling, acidification designed to control pathogen proliferation, or any reduced oxygen packaging intended for extended shelf life?			
Is adequate refrigeration capable of maintaining food temperatures of 41 degrees F or less provided for perishable and potentially hazardous foods (i.e. meats, meat products, fish, poultry, dairy products, produce, etc.)			
Are fresh shellfish (i.e. clams, oysters, mussels) prepared or served at this establishment? (see item III-A #2 below)			
If shellfish are served, are tags kept for a minimum of 90 days?			

III-A Details about the operation

1. Describe the specific method(s) used to rapidly cool cooked foods that are to be stored for future use. (i.e. refrigeration in uncovered shallow pans, ice bath with stirring, cooling paddle with stirring etc.)

2. List shellfish suppliers' name, address, and ID number:

Note: Shellfish will be embargoed or destroyed if a tag is not available or does not have **complete information**. Among other items, the **harvest date and site** must be designated. Tags must remain affixed to the original container until all the shellfish stock is depleted.

IV Person In Charge

Each establishment shall name a Person In Charge (PIC) in accordance with N.J.A.C. 8:24-2.1 and such a person shall be present during all hours of operation.

Person in Charge	Day of the Week	Hours

V Serve Safe Certification

To All Risk Type #3 and #4 Facilities - Provide a copy of the PIC's ServSafe Certification. REQUIRED for LICENSE.

Certification of Application

In consideration of the issuance of such license, the applicant agrees to comply at all items with State Statutes, the Code of the Township of Hanover, and all rules and regulations of the State of New Jersey and the Township of Hanover Health Department governing the operation of retail food establishments.

The applicant certifies that to his knowledge, the above information is true and accurate. The applicant further agrees to immediately inform the Township of Hanover Health Department of any contemplated change of the above stated information, or in the operation of food handling practices of the business.

This license, if granted, is issued upon the express condition that the same is subject to forfeiture or revocation in the event that the applicant or operator shall violate any of the agreements herein set forth.

Print Name of Applicant

Signature of Applicant

Print Title of Applicant