

**TOWNSHIP OF ALEXANDRIA
APPLICATION FOR
RETAIL FOOD ESTABLISHMENT LICENSE**

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

BUSINESS PHONE NUMBER: _____ **HOME PHONE:** _____

CHECK ONE: _____ New Application _____ Renewal

If this business is owned by a corporation, attach a Corporation Disclosure Statement listing the name, address and telephone number of the President, Vice-President, Secretary, Treasurer, and Sanitarian or Environmental Specialist hired by the corporation. **If this business is Tax Exempt and this is the initial application, attach a copy of the Tax Exempt Certificate.**

Does your establishment have a commercial dishwasher with a separate booster capable of 180° F at final rinse: _____ YES _____ NO

Does your establishment have a manual sanitizing sink with no less than three (3) compartments with plumbing (hot and cold potable water and drain) installed in each compartment? _____ YES _____ NO

Does your establishment have a separate hand wash sink conveniently located in the food preparation area for frequent use of food handlers? _____ YES _____ NO

NOTE: This sink must not be used for any other purpose than hand washing between food handling operations

Does your establishment currently have a Satisfactory Health Department Inspection Status (white placard)? _____ YES _____ NO

Does your establishment currently have a Conditionally Satisfactory Status Health Department Inspection Status (yellow placard)? _____ YES _____ NO

Give a description of the type of food to be served or handled _____

The hours of operation: _____

The number of employees: _____

In consideration of issuance of this license, the owner and applicant agree to comply at all times with State Sanitary Code Chapter 12 and/or amendments thereto and/or any other codes promulgated and applicable township, state and federal laws.

Any alteration or expansion of the food service operation requires sealed plans being submitted to the Hunterdon County Health Department for review and approval.

NOTE: THIS LICENSE IS NOT TRANSFERABLE

OWNER'S SIGNATURE: _____ **DATE** _____

FEE SCHEDULE:	Retail Food Establishment.....	\$250.00
	Temporary Retail Food Establishment (1 to 3 days).....	\$100.00
	Temporary Retail Food Establishment (4 or more days)....	\$250.00
	Pre-Packaged Retail Food Establishment.....	\$150.00

*****DO NOT FILL IN THIS SECTION*****

For Alexandria Township Use:

FEE PAID \$ _____ **CHECK#** _____ **CASH** _____ **APPROVED** _____

DATE PAYMENT REC'D _____ **LICENSE NUMBER** _____