



Somerset County Department of Health
 27 Warren Street, Somerville, NJ 08876
 P.O. Box 3000
 Phone (908) 231-7155 | Fax (908) 704-8042



Application for Retail Food Establishment License

Please make all checks payable to Bedminster Township

Mail check with application to:

1 Miller Lane, Bedminster, NJ 07921.

New Application

Renewal

Establishment Trade Name _____

Date _____

Establishment Information:

Address _____

Phone # _____ Fax # _____

Manager or Person in Charge _____

Certified Food Handler _____

Hours of Operation _____

Square Footage of Establishment _____

Emergency Contact Name & Phone # _____

Owner Information and Mailing Address:

Name _____

Address _____

Email Address _____

For Official Use Only

License #: _____

Fee Submitted: _____

Garbage Hauler: _____ Phone # _____

Recycling Hauler: _____ Phone # _____

Exterminator: _____ Phone # _____

Grease Hauler: _____ Phone # _____

| Class | Type | Fee |
|-------|---|----------------------|
| 1 | School Cafeteria (self-operated) / Non-Profit Organizations | \$100 / None |
| 2 | Mobile Catering; Mobile Food Establishment; Frozen Dessert Truck | \$100 |
| 3 | Grocery Store / Meat, Fish and/or Poultry; Market and Butcher Shop | \$175 / \$200 |
| 4 | Cocktail Lounge: Taverns; Bars; Night Club / Deli; Frozen Dessert; Milk-Retail Store; Camps (Day & Resident) | \$175 / \$150 |
| 5 | Industrial Feeding (under 100 seats); Restaurant (under 100 seats) / Retail Bakery; Convalescent & Nursing Homes | \$250 / \$200 |
| 6 | Industrial Feeding (over 100 seats); Restaurant (over 100 seats); Supermarkets | \$400 |
| 7 | Temporary / Mobile | \$150 |

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.

Signature _____