



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 Manville Board of Health

Mail check and application to:

325 North Main Street, Manville, NJ 08835

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** \_\_\_\_\_

Garbage Hauler: \_\_\_\_\_ Phone # \_\_\_\_\_

Recycling Hauler: \_\_\_\_\_ Phone # \_\_\_\_\_

Exterminator: \_\_\_\_\_ Phone # \_\_\_\_\_

Grease Hauler: \_\_\_\_\_ Phone # \_\_\_\_\_

<i>For Official Use Only</i>
License #: _____
Fee Submitted: _____

Class	Description	Fee
1	Retail Food Establishment (Annual Fee) + Number of Employees (per employee)	\$200 \$2
2	Food Establishment Late Fee: After July 1	\$100
3	Food Establishment Late Fee: After August 1	\$150
4	Mobile Food Vendor	\$100
5	Milk License: Wholesale / Retail	\$100 / \$50

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 \_\_\_\_\_