



**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 Raritan Borough**

**Mail check and application to:**

**9 West Somerset Street, Raritan Borough, NJ 08869.**

**\$100 Late Fee starts October 1**

**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	Description	Fee
1	Retail Food Establishment (Annual Fee) + Number of Employees (per employee)	\$150 \$2
2	Temporary Food Sale	\$50
3	Mobile Food Vendor (Annual Fee)	\$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** \_\_\_\_\_