



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 Borough of South Bound Brook Board of Health

Mail check and application to:

2 Main Street, Suite 101, South Bound Brook, NJ 08880

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 _____

For Official Use Only

License #: _____

Fee Submitted: _____

Emergency Contact Name & Phone # _____

Owner Information and Mailing Address:

Name _____

Address _____

Email Address _____

Garbage Hauler: _____ **Phone #** _____

Recycling Hauler: _____ **Phone #** _____

Exterminator: _____ **Phone #** _____

Grease Hauler: _____ **Phone #** _____

Class	Description	Fee
1	Liquor Store without Bar	\$75
2	Liquor Store with Bar	\$150
3	Pre-packaged Food at Non-food Establishment	\$100
4	Food Service Operation at Camp or Swim Club	\$150
5	Less than 2,500 square feet	\$275
6	Between 2,501 & 5,000 square feet	\$325
7	Between 5,001 & 10,000 square feet	\$375
8	Greater than 10,000 square feet	\$500

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 _____