Public Health
Prevent. Promote. Protect.
Madison Health Department

28 Walnut Street, Madison, NJ 07940
973-593-3079, (FAX) 973-593-3072

APPLICATION FOR 2019 FOOD ESTABLISHMENT LICENSE

THIS LICENSE MUST BE RENEWED BY JANUARY 31, 2019. LATE FEE OF $50.00 APPLIES FEBRUARY 1, 2019

Fee Schedule

Retail Food Establishments *

Under 2,000 sq. Retail Food feet	$145.00
2,000-5,000 sq. feet	$200.00
5,001-10,000 sq. feet	$225.00
Over 10,000 sq. feet	$750.00

*Retail food Establishments may mean restaurant, food market, pharmacy, tavern, liquor store, nursing home, day care facility, nursery school or other school for profit/nonprofits where food is sold or prepared or distributed onsite or offsite.

Temporary Food Establishment	$45.00

Date and location of event: _____

Mobile Food Establishment	$150.00
Catering	$150.00
Farmers Market	$40.00
Pharmacy/Package Goods Only	$80.00

Name of Establishment: _____

Describe food products being prepared: _____

Address: _____ Phone Number: _____

E-mail Address: _____

Emergency Contact Number: _____ Risk type: 1☐2☐3☐4☐

Owner Name: _____ Phone Number: _____

Address: _____

Approved Managerial Certification (such as ServSafe)

Name: _____ Expiration Date: _____

(Risk type 3 & 4) Does this establishment sell tobacco/vaping products? Yes◯No◯

In consideration of such license, I hereby agree at all times to conduct the said premises in conformance with purpose, intent and provisions of the Food Handling Establishments Title 8, Chapter 24 of the New Jersey Administrative Code; as well as Chapter 209 of the Borough of Madison and other applicable ordinance of the Madison Health Department, the amendments and supplements thereto, other ordinances of the municipality and statutory laws of the State of New Jersey relating to the conduct of such business.

No license shall be transferable. License may be suspended or revoked by the Board of Health upon violation of the purpose, intent and provisions of the Food Handling Establishments Ordinance, other ordinance of the Madison Health Department, other ordinances of the municipality, and statutory laws of the State of New Jersey relating to the conduct of such business.

_____ _____ _____

Signature of Applicant | Applicant's Title | Date

FOR OFFICIAL USE ONLY License #_____ Health Officer: _____

Date: _____ Expiration Date: _____ Fee paid: _____