

FRANKFORD TOWNSHIP BOARD OF HEALTH
151 US HIGHWAY 206 *AUGUSTA, NEW JERSEY 07822
PH: 973-948-6453 – FAX: 973-948-0943

Secretary: Marcy Gianattasio

APPLICATION FOR PERMIT TO OPERATE A RETAIL FOOD HANDLING ESTABLISHMENT

DATE: _____ APPLICANT NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____ FAX: _____

EMAIL ADDRESS: _____

TRADE NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

SOCIAL SECURITY OR FEDERAL ID #: _____

SALES & USE TAX #: _____

Foods To Be Prepared Or Processed: _____

Where are the foods Stored, Prepared and/or Processed: _____

Number of Food Handlers on Staff: _____

Name of Current Employee or Member with Certification _____

***** **(MUST attach a copy of Certification to complete this Application)**

The undersigned has read and understands the provisions of the Township Ordinances regulating food handlers and retail food handling establishments and understands the requirements of these ordinances must be met.

Applicant's Signature: _____

(Please make checks payable to Frankford Township Board of Health)

Total floor area greater than 300 square ft.	\$250.00 for the calendar year
Total floor less than 300 square ft.:	\$150.00 for the calendar year
Non-profit vendor:	\$ 25.00 for the calendar year

All Applications and Permit Fees must be mailed directly to the Township of Frankford. NO PERMITS WILL BE ISSUED WITHOUT A VALID CERTIFICATION.