


MOUNT OLIVE TOWNSHIP HEALTH DEPARTMENT 204 Flanders-Drakestown Rd. Budd Lake, NJ 07828 Phone: (973) 691-0900 Fax: (973) 691-7681 		Office Use Only License # _____ Date Received _____ Risk Type _____ Select License Type <input type="checkbox"/> New Establishment <input type="checkbox"/> License Renewal <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Mobile Food Vendor	
RETAIL FOOD HANDLING LICENSE		OWNER INFORMATION	
Facility Information		<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Single Proprietor <input type="checkbox"/> Association <input type="checkbox"/> Other Legal Entity _____	
Establishment Name: _____		Corporate/Owner Name: _____	
Establishment Location: _____ no. street		Names (Owner, Corp. Officer, Partners, etc.)	
City NJ zip		Title:	
Facility Mailing Address (if different from location): _____			
Establishment Phone #: _____		Food Handlers Certification Information	
Fax#: _____		Your Risk Classification is: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Owner Name: _____		All Risk 3 and 4 Establishments must submit a copy of a current Food Safety Certification to the Health Department for your designated Person in Charge (PIC).	
Owner Address: _____ No Street City Zip		Course Completed: <input type="checkbox"/> ServSafe(www.servsafe.com) <input type="checkbox"/> National Registry of Food Safety Professionals(www.nrfsp.com) <input type="checkbox"/> Other/ State, Health Department Approved- Provide Name _____	
Owner Phone # _____		Emergency # _____	
Name/Title of person responsible for daily operations:		Name of Certified Food Handler (PIC):	
Current/Proposed Menu attached to application? <input type="checkbox"/> Yes <input type="checkbox"/> No		Certification Exp Date:	
Email Address(Required): _____ *In an effort to become more environmentally conscious the Mt. Olive Health Department will issue retail food inspections via email. Please provide the desired destination for future reports. Paper copies will be made available upon request.* Please Print legibly			
FEES: Retail Business (Application fees are determined by the square footage of the establishment) • Pre-packaged Foods \$75.00 • Less than 2,000 sq feet \$200.00 • 2,000sq - 4,999sq feet \$400.00 • Over 5,000 sq feet \$600.00 Permanent Retail Business \$50.00 per unit for 3 months or less from April 1, to June 30 of each year. Mobile Units \$125.00 Complimentary \$1.00			
Applications and checks made payable to MT OLIVE TOWNSHIP may be mailed or hand delivered to: Mount Olive Township Health Department PO Box 450 Budd Lake, NJ 07828			