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

- ☐ New Establishment
- ☐ License Renewal
- ☐ Change of Ownership
- ☐ Mobile Food Vendor

RETAIL FOOD HANDLING LICENSE

Facility Information

Establishment Name:_____

Establishment Location:_____
no. street

_____
City NJ zip

Facility Mailing Address (if different from location):
_____

Establishment Phone #:_____

Fax#:_____

Owner Name:_____

Owner Address:_____
No Street City Zip

Owner Phone # | Emergency #

Name/Title of person responsible for daily operations:

OWNER INFORMATION

☐ Corporation ☐ Partnership
☐ Single Proprietor ☐ Association
☐ Other Legal Entity_____

Corporate/Owner Name:_____

Names (Owner, Corp. Officer, Partners, etc.)	Title:

Food Handlers Certification Information

Your Risk Classification is:
☐ 1 ☐ 2 ☐ 3 ☐ 4

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).

Course Completed:
☐ ServSafe(www.servsafe.com)
☐ National Registry of Food Safety Professionals(www.nrfsp.com)
☐ Other/ State, Health Department Approved-
Provide Name_____

Name of Certified Food Handler (PIC): | Certification Exp Date:

Current/Proposed Menu attached to application? ☐ Yes ☐ No

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