

**TOWNSHIP OF ALEXANDRIA  
APPLICATION FOR  
RETAIL FOOD ESTABLISHMENT LICENSE**

**NAME OF BUSINESS:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**OWNER'S NAME:** \_\_\_\_\_

**OWNER'S ADDRESS:** \_\_\_\_\_

**BUSINESS PHONE NUMBER:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**CHECK ONE:**        \_\_\_\_\_ New Application        \_\_\_\_\_ Renewal

If this business is owned by a corporation, attach a Corporation Disclosure Statement listing the name, address and telephone number of the President, Vice-President, Secretary, Treasurer, and Sanitarian or Environmental Specialist hired by the corporation. **If this business is Tax Exempt and this is the initial application, attach a copy of the Tax Exempt Certificate.**

Does your establishment have a commercial dishwasher with a separate booster capable of 180° F at final rinse:                                \_\_\_\_\_ YES                                \_\_\_\_\_ NO

Does your establishment have a manual sanitizing sink with no less than three (3) compartments with plumbing (hot and cold potable water and drain) installed in each compartment?                                \_\_\_\_\_ YES                                \_\_\_\_\_ NO

Does your establishment have a separate hand wash sink conveniently located in the food preparation area for frequent use of food handlers?                                \_\_\_\_\_ YES                                \_\_\_\_\_ NO

**NOTE:** This sink must not be used for any other purpose than hand washing between food handling operations

Does your establishment currently have a Satisfactory Health Department Inspection Status (white placard)?                                \_\_\_\_\_ YES                                \_\_\_\_\_ NO

Does your establishment currently have a Conditionally Satisfactory Status Health Department Inspection Status (yellow placard)?                                \_\_\_\_\_ YES                                \_\_\_\_\_ NO

Give a description of the type of food to be served or handled \_\_\_\_\_

\_\_\_\_\_

The hours of operation: \_\_\_\_\_

The number of employees: \_\_\_\_\_

In consideration of issuance of this license, the owner and applicant agree to comply at all times with State Sanitary Code Chapter 12 and/or amendments thereto and/or any other codes promulgated and applicable township, state and federal laws.

**Any alteration or expansion of the food service operation requires sealed plans being submitted to the Hunterdon County Health Department for review and approval.**

**NOTE: THIS LICENSE IS NOT TRANSFERABLE**

**OWNER'S SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>FEE SCHEDULE:</b>	Retail Food Establishment.....	\$250.00
	Temporary Retail Food Establishment (1 to 3 days).....	\$100.00
	Temporary Retail Food Establishment (4 or more days)....	\$250.00
	Pre-Packaged Retail Food Establishment.....	\$150.00

\*\*\*\*\*DO NOT FILL IN THIS SECTION\*\*\*\*\*

For Alexandria Township Use:

FEE PAID \$ \_\_\_\_\_ CHECK# \_\_\_\_\_ CASH \_\_\_\_\_ APPROVED \_\_\_\_\_

DATE PAYMENT REC'D \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_