



TOWNSHIP of MONTGOMERY

SOMERSET COUNTY

DEPARTMENT OF HEALTH

Also serving the Boroughs of Hopewell, Pennington, & Rocky Hill

2261 Route 206 Belle Mead, New Jersey 08502

Phone: 908-359-8211 Fax: 908-359-4308 Email: Health@twp.montgomery.nj.us

APPLICATION FOR RETAIL FOOD LICENSE

Borough of Pennington

FACILITY INFORMATION (please print clearly)

Name of Establishment		Phone	
Street Address		Fax	
City, State, Zip		Email	

OWNER INFORMATION (please print clearly)

Name of Owner		Phone	
Street Address		Fax	
City, State, Zip		Email	

Required Documentation: The following must be included with application (when applicable) or your license will not be issued:

- Copy of Manager(s) Food-Safety Training Certificate Grease Trap Cleaning Log or Receipts

Fee Schedule: (make checks payable to: *Borough of Pennington*)

- | | |
|--|----------|
| <input type="checkbox"/> Facilities Preparing Food with seating capacity – 1 to 24 | \$200.00 |
| <input type="checkbox"/> Facilities Preparing Food with seating capacity – 25 & over | \$250.00 |
| <input type="checkbox"/> Facilities selling only Pre-Packaged Foods (Pharmacies, Liquor Stores, etc) | \$75.00 |
| <input type="checkbox"/> Mobile Food Vendor | \$75.00 |
| <input type="checkbox"/> Non-Profit Organizations | \$30.00 |

I/We hereby make application for a license to operate a Retail Food Establishment and agree to conduct the business in compliance with the Laws of the State of New Jersey and the Ordinances of the Borough of Pennington in the County of Mercer and regulations of the Board of Health of said Municipality. I hereby certify all information provided is truthful, under penalty of law.

Signature of Owner or Legal Agent

Date

Return form & fee to:

**Borough of Pennington
30 North Main Street
Pennington, NJ 08534**

FOR HEALTH DEPARTMENT USE ONLY

License # _____ Date Received: _____ Date Issued: _____