



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

ROCKY HILL APPLICATION FOR RETAIL FOOD LICENSE

- Trade Name: _____
Street Address: _____
Phone No. at Establishment: _____ Fax No. at Establishment: _____
- Owner Name: _____ Owner Address: _____
Owner Emergency Phone: _____ Contact Email: _____
- Certified Food Handler: _____ (**attach copies of all training certificates**)
- Hours of Operation: _____ Square Footage of Est. _____ Seating Capacity: _____ # of Employees _____
- Grease Hauler: _____ Garbage Hauler: _____
Recycling Hauler: _____ Exterminator: _____
- Classification: (*Please check one*) **Make checks payable to: BOROUGH OF ROCKY HILL**

CLASS	TYPE	
	RESTAURANTS / TAVERNS / LUNCHEONETTES	
1	1-50 Seating Capacity	<input type="checkbox"/> \$50.00
2	51-200 Seating Capacity	<input type="checkbox"/> \$100.00
3	201 or more Seating Capacity	<input type="checkbox"/> \$150.00
	FOOD STORES / GROCERS / DELICATESSENS / OTHER	
4	0 - 3,500 square feet	<input type="checkbox"/> \$50.00
5	3,501 – 5,000 square feet	<input type="checkbox"/> \$75.00
6	5,001 – 10,000 square feet	<input type="checkbox"/> \$150.00
7	10,001 square feet or more	<input type="checkbox"/> \$250.00
8	Temporary or Itinerant Food Establishment	<input type="checkbox"/> \$50.00
9	Non-Profit, Religious, or Emergency Service Organization	<input type="checkbox"/> \$25.00

I/We hereby apply for a license to operate a retail food establishment and agree to comply with, and abide by, all the provisions of N.J.A.C. 8:24 of the New Jersey Sanitary Code and all local codes regulating retail food establishments. I further understand that this license is not transferable and may be revoked upon violation of these codes. **Licenses expire December 31 annually.**

SIGNATURE OF OWNER OR LEGAL AGENT: _____ **DATE:** _____

Return form & fee to:
BOROUGH OF ROCKY HILL
P.O. BOX 188
ROCKY HILL, NJ 08553

FOR HEALTH DEPARTMENT USE ONLY

Date Received: ____/____/20____ License Number: _____

Date Issued: ____/____/20____ Approved By: _____ Risk Classification: _____