



# 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](mailto:Health@twp.montgomery.nj.us)

### ROCKY HILL APPLICATION FOR RETAIL FOOD LICENSE

1. Establishment Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone No. at Establishment: \_\_\_\_\_ Fax No. at Establishment: \_\_\_\_\_
2. Owner Name: \_\_\_\_\_ Owner Address: \_\_\_\_\_  
Owner Emergency/Cell Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_
3. Certified Food Handler(s): \_\_\_\_\_ (attach copies of all training certificates)
4. Grease Hauler: \_\_\_\_\_ Exterminator: \_\_\_\_\_
5. Classification: (Please check one) **Make checks payable to: BOROUGH OF ROCKY HILL**

CLASS	TYPE	
	<b>RESTAURANTS / TAVERNS / LUNCHEONETTES</b>	
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
	<b>FOOD STORES / GROCERS / DELICATESSENS / OTHER</b>	
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: \_\_\_\_\_