



Somerset County Department of Health
 27 Warren Street, Somerville, NJ 08876
 P.O. Box 3000
 Phone (908) 231-7155 | Fax (908) 704-8042



Application for Retail Food Establishment License

Please make all checks payable to Raritan Borough and mail to: 9 West Somerset St, Raritan Borough, NJ 08869.

New Application

\$100 Late Fee starts October 1

Renewal

Establishment Trade Name _____

Date _____

Establishment Information:

Address _____

Phone # _____ Fax # _____

Manager or Person in Charge _____

Certified Food Handler _____

Hours of Operation _____

Square Footage of Establishment _____

For Official Use Only

License #: _____

Fee Submitted: _____

Emergency Contact Name & Phone # _____

Owner Information and Mailing Address:

Name _____

Address _____

Email Address _____

MAIL LICENSE TO: (choose preferred address)

Establishment

Owner

Garbage Hauler: _____

Phone # _____

Recycling Hauler: _____

Phone # _____

Exterminator: _____

Phone # _____

Grease Hauler: _____

Phone # _____

Class	Description	Fee
1	Retail Food Establishment (Annual Fee) + Number of Employees (per employee)	\$150 \$2
2	Temporary Food Sale	\$50
3	Mobile Food Vendor (Annual Fee)	\$50

I, _____, 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.

Signature _____