



DUE ON OR BEFORE JANUARY 31ST

**TOWN OF NEWTON
BOARD OF HEALTH
39 TRINITY STREET, NEWTON, NJ 07860**

ANNUAL FEE:

Establishment Less than 5,000 sq. ft. - \$50.00

Establishment 5,000 sq. ft. or greater - \$100.00

Check Payable To: **TOWN OF NEWTON**

**LATE FEE: \$75.00 (PER MONTH)
(Beginning Feb. 1st.)**

_____ **NEW**

_____ **RENEWAL**

Date: _____

APPLICATION FOR PERMIT TO OPERATE A RETAIL FOOD HANDLING ESTABLISHMENT

Applicant: _____

Home Address: _____

Business Location: _____

Business: Phone No.: _____ Cell No.: _____

Fax No.: _____ Email Address: _____

Trade Name: _____

Contact Person: _____

What foods to be prepared or processed: _____

Source of Milk & Milk Products: _____

No. of Food handlers: _____ No. of Employees: _____

All designated food service managers must complete a food handlers course. Please ensure all employees are trained and certificate is attached.

Date Course Completed: _____

The undersigned has read and understands the provisions of the Town Ordinance regulating food handlers and retail food handling establishments and understands the requirements of these ordinances must be met.

Applicant's Signature
(Owner) or Officer (if Corp.)

FOR BOARD OF HEALTH USE ONLY:

Recommendation: () Approved () Disapproved

Reasons for disapproval: _____

Inspector

Date Inspected