

THE TOWNSHIP OF MIDDLETOWN, DEPARTMENT OF HEALTH

Richard DeBenedetto, REHS, Director

Telephone: (732) 615-2096

MAILING ADDRESS

1 Kings Highway
Middletown, New Jersey 07748

www.middletownnj.org

OFFICE LOCATION:

180 Main Street
Port Monmouth, NJ 07758

Business Name: _____

Full Address: _____

_____ **SQ. FT.** **FEE \$** _____

FOOD HANDLERS LICENSE

Pursuant to the "Retail Food Establishment Ordinance", all retail food licenses **EXPIRE on December 31st each year.** Below please find your renewal application. Review all information, make any changes & return with your check or money order payable to "Middletown Health Department". The license fee is determined by the size and/or the type of operation of your establishment. Please submit the names of your employees who have taken a Certified Food Handlers Training Course approved by the NJ Department of Health. A copy of the Certification(s) must be attached to the application. All Risk Category 3 establishments must have a person in charge (PIC) on duty at all times with a Certified Food Protection Manager's Certificate. **Failure to do so will result in the revocation of your license.** Any retail food establishment that fails to renew their license by February 15th of each year, shall pay a late fee of 20% of the total license fee for that year.

ALL SCHOOLS have a \$50 Annual Immunization Fee included in their fee.

Re-inspection Fee for **CONDITIONAL** or **UNSATISFACTORY** ratings are as follows:
 1st occurrence within 2 years \$100 2nd occurrence within 2 years \$200 3rd occurrence within 2 years \$500

BUSINESS NAME _____

STREET _____ CITY _____

STATE _____ ZIP CODE _____ PHONE # _____

BUSINESS EMAIL _____

(One that is checked on a REGULAR BASIS)

EMERGENCY/AFTER HOURS CONTACT INFORMATION

CONTACT NAME _____ PHONE # _____

EMAIL _____

OWNERS INFORMATION

OWNERS NAME(S) _____

STREET _____

CITY _____ STATE _____ ZIP CODE _____

PHONE # _____ EMAIL _____

You must submit the names of your employees who have taken a Certified Food Handlers Training Course approved by the NJ Department of Health. Copies of their certificates must be attached to the application. Failure to do so can result in the revocation of your license.

NAME	YEAR	LOCATION OF COURSE TAKEN/SPONSOR
NAME OF EXTERMINATOR	ADDRESS	PHONE #

OFFICE USE ONLY (BELOW)

LIC #	DATE ISSUED	AMOUNT \$	CHECK/MO #
-------	-------------	-----------	------------