

THE TOWNSHIP OF MIDDLETOWN, DEPARTMENT OF HEALTH

1 Kings Highway, Middletown, NJ 07748

(732) 615-2095

Richard DeBenedetto, REHS, Director

FOOD HANDLERS LICENSE APPLICATION

The license fee is determined by the size and/or the type of operation of your establishment. Fill out the form below & return with your check or money order payable to "Middletown Township".

Submit the names of your employees who have taken a Certified Food Handlers Training Course approved by the NJ Department. **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.**

Pursuant to the "Retail Food Establishment Ordinance", all retail food licenses EXPIRE on December 31st each year. 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.

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|-----------------------------------|-------|-----------------------------------|-------|
| Pre-packaged, non-hazardous foods | \$65 | Under 1000 square feet | \$105 |
| Between 1000 and 1999 square feet | \$145 | Between 2000 and 2999 square feet | \$180 |
| 4000 square feet or larger | \$220 | Mobile | \$125 |

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 # |
|-------|-------------|-----------|------------|
| | | | |