MADISON
NEW JERSEY

Borough of Madison
Hartley Dodge Memorial
50 Kings Road
Madison, NJ 07940

Health Department
O: 973-593-3079
E: health@rosenet.org
W: rosenet.org

Important Information for Food License Applicants

Application Checklist

Return all items to ensure your application is processed promptly.

- ☐ Completed and signed Food Establishment License Application
- ☐ Payment via the Fee Schedule listed below
  Checks should be made payable to the Borough of Madison
- ☐ Copy of Current ServSafe Certificate (Risk Levels 3 & 4 only)
- ☐ Food Establishment Removal of Refuse Agreement

Food Establishment Fee Schedule

Risk Type 1 Establishment	$100.00
Risk Type 2 Establishment	$200.00
Risk Type 3 Establishment	$300.00
Risk Type 4 Establishment	$400.00
Greater than 10,000 sq. Ft.	$750.00
Mobile	$150.00
Catering	$150.00
Farmers Market	$45.00
Temporary	$45.00
Temporary Annual Food Permit *(fees apply to establishments not licensed in Madison)*	$90.00
Plan Review Fee	$225.00
Plan Alteration Fee	$175.00

"Food Establishment" may mean a restaurant, food market, pharmacy, tavern, liquor store, nursing home, daycare facility, nursery school, other school or university, church, non-profit entity, or other business or facility where food is sold, prepared, or distributed either at that location or another location.

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Food Establishment License Application

Establishment

Name: _____ Phone: _____

Address: _____

Email:

Business Owner

Name: _____ Phone: _____

Address: _____

Email:

Manager

Name: _____ Phone: _____

Email:

License Information

Class: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Mobile
☐ Farmers Market ☐ Catering ☐ Pharmacy/ Package Goods

☐ Temp Date of Event: _____ Location of Event: _____

Risk: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Describe food products being prepared:

For Risk Types 3 & 4 Establishments

Does at least one (1) current staff member have an approved managerial certificate, such as ServSafe? ☐ Yes ☐ No

Name of Staff Member: _____ Expiration Date: _____

Please include a copy of the current certificate with your renewal application.

Sale of Tobacco and/or Vaping Products

Does this establishment sell tobacco/vaping products? ☐ Yes ☐ No

Certifications

In consideration of such license, I hereby agree at all times to conduct the said premises in conformance with purpose, intent, and provisions of the Food Handling Establishments Title 8, Chapter 24 of the New Jersey Administrative Code; as well as Chapter 209 of the Borough of Madison and other applicable ordinances of the Madison Board of Health, the amendments and supplements thereto, other ordinances of the municipality and statutory laws of the State of New Jersey relating to the conduct of such business.

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I certify any grease trap or inceptor, if applicable, (per Chapter 155-9 & 10) has been maintained & cleaned on a regular basis and the establishment has maintained records of such. I further certify the above establishment has a contract agreement for the collection or removal of all refuse, garbage, and recyclables from the property.

No license shall be transferable. A license may be suspended or revoked by the Board of Health upon violation of the purpose, intent, and provisions of codes, laws, and/or ordinances as listed above or that are otherwise applicable.

Signature of Owner or Manager Listed Above Date

Official Use Only

License #		MHD Approved	
Date		Fee Paid	

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Food Establishment Removal of Refuse Agreement Form

Return this form with your Food Establishment License Application or Renewal

Establishment

Name: _____ Phone: _____

Address: _____

I, the undersigned, certify that the above-listed establishment has a current and valid agreement with the vendor listed below for the collection or removal of all refuse, garbage, and recyclables from the establishment and/or property. This service will be maintained during the licensing year, and I will notify the Madison Health Department of any change in service provider. I also agree that the collection or removal of all these materials will occur often enough so that these materials will not cause a health hazard or as otherwise directed by the Madison Health Department.

Waste Disposal/Refuse Company

Company: _____ Phone: _____

Address: _____

Email:

Signature

_____

Signature of Owner or Manager Listed Above Date

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Grease Trap Cleaning and Maintenance Log

Utilize copies of this form to log the regular cleaning and maintenance of grease traps.

Per Chapter 159-9 of the Borough Code, all grease, oil, and sand interceptors or traps shall be maintained by the owner, at their own expense, in continuously efficient operation at all times. The user shall be responsible for the maintenance of said interceptor(s) or traps and for the removal and disposal of the captured material and shall maintain records of the dates and means of disposal. All interceptors or traps shall be in conformance with applicable plumbing code requirements.

Grease trap records must be furnished upon request of the Health Department.

Establishment

Name: _____ Phone: _____

Address:

Grease Maintenance Company
(If Applicable)

Company: _____ Phone: _____

Address: _____

Email:

Date	Name	Initials	Date	Name	Initials

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Food Establishment Recycling Plan

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Name: _____ Phone: _____

Address: _____

In accordance with Chapter 107, Article IV Recycling Mandates, please select your plans for recycling:

- Disposal of all recyclable materials through a private contract with:

Recycling Company

Company: _____ Phone: _____

Address: _____

Email: _____

Commingled recyclables, newsprint, office paper and/or cardboard may be brought to the Recycling Center located on Station Road. Materials must be stored and transported in a container and not a plastic bag.

Signature

_____

Signature of Owner or Manager Listed Above Date

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