BUREAU OF ENVIRONMENTAL HEALTH
DIVISION OF HEALTH – TRENTON, NEW JERSEY

319 E. State Street
City Hall Annex 2nd Floor

APPLICATION FOR PERMIT
TO OPERATE A RETAIL FOOD ESTABLISHMENT

YEAR_____

Date:_____

I, or we, the undersigned, do hereby make application for a permit to operate a retail food establishment in the City of Trenton, located at

_____

(Business Address) (Business Phone No.)

_____

(Name of Operator) (Name of Establishment)

In making this application I, or we, agree to comply with all the ordinances of the City of Trenton and the Laws of the State of New Jersey covering such establishments.

It is further agreed that I, or we, will surrender this permit if granted, to the Division of Health, Bureau of Environmental Health on demand.

Signed: _____

Print Name_____
Home
Address: _____

_____
Home
Phone: _____
Permit
Number: _____
Date
Issued: _____
Permit
Fee: _____
Date
Received:_____

Vehicle Plate:_____

FEE: ___

_____ No Fee – Exempt

_____ Temporary

_____ Annual Fee

Inspected_____

Recommendations_____

_____

_____
Sanitary Inspector