Township of Mahwah

HEALTH DEPARTMENT
475 CORPORATE DRIVE
PO BOX 733
MAHWAH, NJ 07430

PHONE: 201-529-5757 ext.2 FAX: 201-529-8013

**LICENSE# 2026- _____**
Licenses expire each year
on December 31st.

## APPLICATION FOR NON-PROFIT FOOD LICENSE

**Name of Organization:** _____

**Address:** _____

**Name/Title of Primary Responsible Party:** _____

**Phone #** _____ **Fax #** _____

**********

**Name of Person-In-Charge of food events: (The Person-In-Charge or "PIC" is defined as the person who demonstrates knowledge of food safety principles and has primary responsibility for the kitchen and food service equipment at your facility.)**

**PIC Name:** _____

**Home Address:** _____

**Home Phone:** _____**Cell Phone:** _____

**E-Mail Address:** _____

**********

**Please Note: Non-profits are considered retail food establishments and must conform to New Jersey State Sanitary Code 8:24-9.1a-c Submission of Plans:**

"An applicant shall submit to the local health authority properly prepared plans and specifications for review and approval before constructing converting or remodeling a food establishment. The proposed layout and equipment shall be reviewed within 30 days. No approval to operate can occur without health department approval."

**In consideration of the issuance of a non-profit, no fee license, the applicant agrees to comply at all times with the Health Department Codes and or Amendments thereto and any or all other codes promulgated.**

_____ _____

**Signature of Applicant** **Date**

**PLEASE NOTIFY OUR OFFICE IN THE EVENT OF A CHANGE OF CONTACT PERSON.**