Township of Mahwah

HEALTH DEPARTMENT
475 CORPORATE DRIVE
PO BOX 733, MAHWAH, NJ 07430
201-529-5757, OPT. 2

HEALTH DEPT. USE ONLY

FOOD LICENSE # 2026- _____

FEE PAID $ _____

RECEIPT # _____

LICENSE APPROVED: _____

RISK LEVEL: _____

LICENSE MAILED: _____

RETAIL FOOD LICENSE APPLICATION

ESTABLISHMENT OR TRADE NAME: _____

MAHWAH ADDRESS WHERE OPERATING: _____

ONSITE PHONE: _____ **ONSITE FAX:** _____

NAME OF ONSITE PERSON-IN-CHARGE (PIC) : _____

IF OPERATING AS A CORPORATE CAFETERIA OR IN A VENUE WITH A DIFFERENT TRADE NAME:

NAME OF COMPANY YOU ARE SERVICING**:** _____

NAME OF BUILDING MANAGER**:** _____

BUILDING MANAGER'S PHONE NUMBER**:** _____

LICENSEE INFORMATION:

NAME OF OWNER: _____

ADDRESS: _____

PHONE: _____ **CELL PHONE:** _____

EMAIL ADDRESS: _____

MUST PROVIDE A CONTACT NAME AND PHONE NUMBER THAT WE MAY CALL 24/7, IN THE EVENT OF AN EMERGENCY:

CONTACT NAME: _____

PHONE NUMBER: _____ **E-MAIL** _____

ORIGINAL LICENSES ARE MAILED DIRECTLY TO THE ESTABLISHMENT FOR POSTING.

INDICATE WHICH ADDRESS WE SHOULD MAIL ANY OTHER CORRESPONDENCE TO. THIS WOULD INCLUDE LICENSE RENEWAL FORMS, ABATEMENT NOTICES, NOTICE OF RE-INSPECTION FEES, ETC.

☐ ESTABLISHMENT ADDRESS ☐ OWNER'S ADDRESS

(CONTINUED ON PAGE 2)

METHOD OF DISPOSAL FOR USED COOKING OIL AND GREASE:

_____

_____

PLEASE NOTE IF YOU HAVE AN EXTERIOR GREASE CONTAINER: ☐ YES ☐ NO

PLEASE NOTE IF YOUR KITCHEN IS RENTED OUT DURING OFF HOURS ☐ YES ☐ NO

TYPE OF OPERATION: _____
(Refer to fee schedule)

NUMBER OF SEATS: _____ **CHECK HERE IF NO SEATING:** ☐

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MAHWAH BOARD OF HEALTH CODE (BH 5-6) REQUIRES THAT ALL PERSONS INVOLVED IN THE PREPARATION OF FOOD PRODUCT ARE CERTIFIED IN FOOD HANDLING SAFETY. SUBMIT PHOTOCOPIES OF ALL CURRENT PERSONNEL'S FOOD SAFETY CERTIFICATIONS WITH THIS APPLICATION

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LICENSE IS NOT TRANSFERABLE AND EXPIRES DECEMBER 31ST

I UNDERSTAND THAT I MUST NOTIFY THE HEALTH DEPARTMENT IN THE EVENT OF:

1) **TRANSFER OF BUSINESS OR CHANGE OF OWNERSHIP/AUTHORITY**
2) **FIRE, FLOOD, OR EXTENDED LOSS OF ELECTRICAL OR WATER SERVICE**
3) **SEWAGE BACK UP, MISUSE OF POISONOUS MATERIALS, ONSET OF FOODBORNE ILLNESS**
4) **ANY OTHER CONDITION THAT MAY ENDANGER THE PUBLIC HEALTH**

I AGREE TO COMPLY AT ALL TIMES WITH RETAIL FOOD ESTABLISHMENT REGULATIONS ORDERED BY THE MAHWAH BOARD OF HEALTH AND THE STATE OF NJ DEPARTMENT OF HEALTH.

I UNDERSTAND THAT IF I AM ISSUED A RETAIL FOOD LICENSE, IT DOES NOT CONSTITUTE PERMISSION TO VIOLATE ANY TOWNSHIP ZONING ORDINANCE, OR RULE OR REGULATION OF ANY OTHER TOWNSHIP BOARD.

Owner's Signature _____ **DATE:** _____

OR

Authorized Representative's Signature: _____ **DATE:** _____

(Printed name of Authorized Representative): _____

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SUBMISSION OF PLANS FOR NEW CONSTRUCTION / REMODELING / CONVERSIONS:

APPLICANT OR OPERATOR SHALL SUBMIT PLANS AND SPECIFICIATIONS TO THE HEALTH DEPARTMENT FOR REVIEW AND APPROVAL **BEFORE** ANY CONSTRUCTION, CONVERSION OR REMODELING TAKES PLACE.

PLAN REVIEWS MAY TAKE UP TO 30 DAYS
NO FOOD ESTABLISHMENT MAY OPERATE WITHOUT WRITTEN APPROVAL OF THE HEALTH DEPT.