Cumberland County Department of Health
309 Buck Street, Millville, NJ 08332
(856) 327-7602
www.ccdoh.org

APPLICATION FOR FOOD SERVICE FACILITY

All Items Must Be Filled Out

FACILITY INFORMATION

FACILITY NAME: _____

FACILITY ADDRESS:_____

CITY/STATE/ZIP:_____

MUNICIPALITY: _____ BLOCK: _____ LOT:_____

FACILITY PHONE NUMBER: ( )_____-_____ CONTACT PERSON:_____

FORMER ESTABLISHMENT NAME:_____

OWNER INFORMATION

OWNER/ CORPORATION NAME:_____

OWNER'S E-MAIL:_____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

OWNER'S PHONE NUMBER: ( )_____-_____

PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME: _____

ADDRESS: _____

CITY/STATE/ZIP:_____ PHONE NUMBER: _____

FOOD SERVICE TYPES: CHECK ALL THAT APPLY

( ) BAKERY ( ) CATERING ( ) RESTAURANT ( ) INSTITUTION
( ) CAMP/DAYCARE ( ) GROCERY ( ) CAFETERIA/DELI ( ) CONVENIENCE STORE
( ) TAVERN ( ) CARRY-OUT ( ) SCHOOL ( ) VENDING
( ) SATELITE LOCATION ( ) OTHER _____
( ) SEASONAL (**Dates of Operation**) _____

****NOTE: Catering facilities must provide a service location list****

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NOTICE TO ALL FOOD SERVICE PERMIT APPLICANTS:

Effective January 2010, the New Jersey Department of Health and Senior Services, Drug and Safety Program, Chapter 24 mandate (N.J.A.C. 8:24) states:**"… at least one person in charge of Risk Type 3 food establishments shall be a certified food protection manager who has shown proficiency of required information through obtaining a food safety certificate by passing a food safety certification examination administered by an accredited certifying program recognized by the Conference for Food Protection."**

EQUIPMENT & SPECIFICATION REQUIREMENT

You are not required to have all of the equipment listed below in your facility, depending on the nature of the operation. However, you must have enough refrigeration and freezer space, for example, or hot holding units, to keep your expected inventory at acceptable temperatures (see Subchapter 3 of the code). All refrigerators and freezers must have accurate thermometers so that temperatures can be monitored. Stem-thermometers with a range of 0 -220 degrees F must be provided and used to check food temperatures. Hot foods must be cooled for storage in shallow pans no deeper than four inches, or by other methods listed in section 3. Specifications must be provided.

******Note on space provided, how many units in facility.******

Cold Holding	Cooking	Hot Holding
☐ Walk-in Refrigerator _____	☐ Oven_____	☐ Oven_____
☐ Reach –in Refrigerators_____	☐ Stove_____	☐ Steam Table_____
☐ Walk-in Freezer_____	☐ Grill_____	☐ Heated Cabinets_____
☐ Reach-in Freezer_____	☐ Deep Fryer_____	☐ Heated Lamps_____
☐ Baine marie_____	☐ Wok_____	☐ Crock Pots_____
☐ Salad Bar_____	☐ Other_____	☐ Holding Bins_____
☐ Ice Machine_____	☐ Other_____	☐ Heated Shelf_____
☐ Other_____	☐ Other_____	☐ Hot Food Dispenser_____
☐ Other_____	☐ Other_____	☐ Warming Drawers_____
☐ Other_____	☐ Other_____	☐ Other_____
☐ Other_____	☐ Other_____	☐ Other_____
☐ Other_____	☐ Other_____	☐ Other_____
Special Notes:_____	**Special Notes:**_____	**Special Notes:**_____
_____	_____	_____

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SINKS AND DISHWASHERS

The number of hand wash sinks must be sufficient for the number of employees per shift, and must be accessible in the areas where food is prepared. Utensils, portable equipment, and dinnerware must be washed and sanitized regularly with the use of three-compartment sinks and/or automatic dishwashers, depending on your needs. Manual dishwashing water temperatures must be maintained above 110°F.

HAND WASH SINKS (how many)_____ **THREE COMPARTMENT SINK:** YES_____ NO_____

DISHWASHER: YES_____ NO_____ (If yes, does it sanitize with hot water or a sanitizing chemical)_____

If the dish machine uses high temperature 165°F as a sanitation method, you must provide an approved thermometer which can pass through the dish machine during a normal wash cycle.

UTILITY SINK: YES_____ NO_____ OR **DRAIN WITH CURB AND FAUCET:** YES_____ NO_____

GARBAGE DISPOSAL

(SEE SECTION 5.5)

DUMPSTER: YES_____ NO_____ **HAULER NAME:** _____

HOW OFTEN WILL DUMPSTER BE EMPTIED: _____
Dumpsters must be placed on smooth, nonabsorbent surfaces and have a sewer drain or curb to contain runoff.

RECYCABLES: YES_____ NO_____ **HAULER NAME**: _____

Metal: Y / N **Plastic: Y / N** **Paper: Y / N** **Cardboard: Y / N**

COOKING OIL/ GREASE USED: YES_____ NO_____ **HAULER NAME:**
_____

GREASE TRAP: YES_____NO_____

WATER/ SEWERAGE

WATER: CITY SUPPLY_____ NEW WELL_____ EXISTING WELL_____
(New well permits and construction must be approved before opening; certain water tests will be required depending on the establishment location)

SEWERAGE: CITY_____ NEW SEPTIC SYSTEM_____ EXISTING SEPTIC_____
(New septic system permits and construction must be approved before opening; existing septics must be approved for size, grease traps, and other features)

OPERATION INFORMATION

SEATS_____ # EMPLOYEES_____

SQUARE FOOTAGE OF FACILITY_____ PROPOSED DATE OF OPENING_____

DAYS/ HOURS OF OPERATION_____

Will facility be utilized as a commissary for any mobile food trucks? YES_____ NO_____

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MOBILE UNIT NAME:_____

Please ensure completion of this checklist prior to scheduling your pre-operational inspection. Failure to meet the below requirements will require additional inspections and inspection billing.

☐ All municipal permits have been issued to owner (construction, plumbing, fire, etc).

☐ All hot and cold units are supplied with proper working thermometers.

☐ All refrigeration units are able to maintain temperatures below 41°F.

☐ All food products will be purchased from an approved source.
****No home prepared foods permitted. Inventory records must be stored on site.**

☐ Chemical sanitation will be utilized for manual dishwashing procedures.
****Provide test strips for the sanitizer.**

☐ Stem thermometers will be on site and used for checking food temperatures.

☐ All sinks have approved indirect connections or air gaps to sewerage / floor drains.

☐ Drain stoppers will be provided for all compartments of the 3 compartment wash sink.

☐ All hand wash sinks will be supplied with soap and paper towels.

☐ All hand wash sinks hot water temperature will be greater than 90°F.

☐ Hand barriers will be used to prohibit bare hand contact with ready to eat food.

☐ All entrance/ exit doors and restrooms are self-closing doors.

☐ Waste receptacles will be properly covered.

☐ Lights will be shielded or shatterproof.

☐ Space will be provided for the storage of employee personal belonging away from food preparation area.

☐ Space will be provided for chemical storage away from the food preparation area.

☐ A certified pest control operator will be utilized.

☐ All equipment/ interior of the building will be thoroughly cleaned.

☐ Appropriate signage will be posted for handwashing, eating raw products..ect..

☐ Hair restraints will be worn by all food employees.

☐ Facility will conduct an employee training program for proper food safety process.

_____
Please Initial

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Please attach the following to the application for review:

ATTACHMENT CHECK LIST:

☐ **FLOOR PLAN-**SHOWING DIMENSIONS OF FACILITY, IDENTIFICATION AND PLACEMENT OF SINKS, EQUIPMENT, TOILET FACILITIES, AND A DESIGNATED AREA FOR EMPLOYEES' PERSONAL BELONGINGS. INCLUDE A LIST OF BUILDING MATERIALS FOR FLOORS, WALLS, AND CEILINGS.

☐ **EMPLOYEE FOOD SAFETY TRAINING DESCRIPTION –** TRAINING MUST INCLUDE PRINCIPLES OF SAFE PREPARATION, HANDLING AND STORAGE OF FOOD TO PREVENT FOODBORNE ILLNESSES.

☐ **EMPLOYEE HEALTH & HYGIENE PROTOCOL**- MUST INCLUDE FACILITIES PROTOCOL FOR SICK EMPLOYEE'S, HANDWASHING FREQUENTSY, CLEAN WORK ATTIRE, JEWERLY, ARTIFICIAL NAILS AND SMOKING.

☐ **WATER TESTING RECORDS** – WELLS ONLY

☐ **MENU**- MAY PROVIDE LIST OF ITEMS OR ATTACH MENU

☐ **FOOD PROTECTION MANAGERS CERTIFICATION** – RISK 3 FACILITIES ONLY

"Risk type 3 food establishment" means any retail food establishment that has an extensive menu which requires the

handling of raw ingredients; and is involved in the complex preparation of menu items that includes the cooking, cooling, and reheating of at least three or more potentially hazardous foods.

☐ **HACCP PLAN-** RISK 4 FACILITIES ONLY

"Risk type 4 food establishment" means a retail food establishment that conducts specialized processes such as smoking, curing, canning, bottling, acidification designed to control pathogen proliferation, or any reduced oxygen packaging intended for extended shelf-life where such activities may require the assistance of a trained food technologist. Such establishments include those establishments conducting specialized processing at retail.

ANY CHANGE IN OWNERSHIP WILL REQUIRE A PRE-OPERATIONAL INSPECTION FROM THE CUMBERLAND COUNTY DEPARTMENT OF HEALTH.

AUTHORIZED OWNER/AGENT INFORMATION

Print Name _____ **Date:** _____

Applicant Signature: _____

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this regulatory office may nullify this approval.

FOR HEALTH DEPARTMENT USE ONLY:

DATE RECEIVED_____ **DATE APPROVED**_____**INSPECTOR**_____

RISK TYPE_____ **FEE PAID: YES**_____ **NO**_____

[ ] APPROVED
[ ] APPROVED WITH STIPULATIONS—SEE COMMENTS
[ ] DISAPPROVED
[ ] CHAPTER 24 GIVEN

COMMENTS:

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(THIS AREA MAY BE USED FOR FLOOR PLAN DIAGRAM OR SKETCH)