

**FRANKFORD TOWNSHIP BOARD OF HEALTH
151 US HIGHWAY 206
AUGUSTA, NEW JERSEY 07822
PHONE: 973-948-5566**

**APPLICATION FOR PERMIT TO OPERATE A RETAIL FOOD
HANDLING ESTABLISHMENT**

Date: _____

Applicant: _____

Mailing Address: _____

Phone #: _____

Trade Name: _____

Event Location: _____

Business Phone #: _____

Social Security or Federal ID #: _____

Sales & Use Tax #: _____

What Foods To Be Prepared Or Processed: _____

Source Of Milk & Milk Products: _____

Of Food Handlers: _____

Name of Current Employee or Member With Certification & Date Issued (COPY MUST BE ATTACHED):

The undersigned has read and understands the provisions of the Township Ordinances regulating food handlers and retail food handling establishments and understands the requirements of these ordinances must be met.

Applicant's Signature: _____

FEE: See attached schedule

FEE SCHEDULE:

For a vendor with total floor area of 300 square feet or less:	\$200.00
For a vendor with total floor area of 300 square feet or more:	\$300.00
For a non-profit entity:	\$ 50.00
For a vendor operating more than one establishment at the same event, each additional establishment will be charged:	\$ 75.00

Please make checks payable to “Frankford Township Board of Health”