

Jeffrey S. Martin  
Mayor



Public Health  
Prevent. Promote. Protect.

Kathleen Fitzgerald, Director  
Chris Hellwig, Health Officer

### TOWNSHIP OF HAMILTON

#### DEPARTMENT OF HEALTH, RECREATION, SENIORS, AND VETERANS SERVICES

DIVISION OF HEALTH – 2100 Greenwood Avenue, Hamilton, NJ 08609 \*Office (609) 890-3828 \*Fax (609) 890-6093

## APPLICATION FOR RETAIL FOOD ESTABLISHMENT LICENSE – 2023

NEW APPLICATION

RENEWAL

CHANGE OF OWNERSHIP

#### ESTABLISHMENT INFORMATION

Establishment Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

On-Site Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

On-site Email: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

After Hours Emergency Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

After Hours Contact Name: \_\_\_\_\_

Regional Manager's Name: \_\_\_\_\_ Regional Manager's Telephone: \_\_\_\_\_

#### OWNERSHIP INFORMATION

Ownership: *INDIVIDUAL* \_\_\_\_\_ *PARTNERSHIP* \_\_\_\_\_ *CORPORATION* \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Name of Landlord: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Landlord Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

**\*\*REQUIRED DOCUMENTATION:** The following **must** be included with the application or your license will not be issued.

\_\_\_\_ Copy of Food Protection Manager(s) Certificates (Risk Level 3 & 4 ONLY)

\_\_\_\_ Menu (Only if changed since last year)

\_\_\_\_ Copy of Owner or Regional Manager's driver's license or government ID

\_\_\_\_ Copy of Business Registry (Register your business at: <https://hamiltonnj.com/businessregistry>)

I, \_\_\_\_\_, hereby apply for a license to operate a retail food establishment and agree to comply with, and abide by, all the provisions of N.J.A.C. 8:24 of the New Jersey Sanitary Code and all local codes regulating retail food establishments. I further understand that this license is not transferable and may be revoked upon violation of these codes. I certify that all facts and data supplied are true and correct to the best of my knowledge.

**SIGNED:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

#### (FOR OFFICIAL USE ONLY)

RISK LEVEL: \_\_\_\_\_ FEE: \_\_\_\_\_ PENALTY \_\_\_\_\_ TOTAL \_\_\_\_\_ LICENSE # ISSUED: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_  CHECK #: \_\_\_\_\_  CASH  CREDIT

\*Checks payable to: Township of Hamilton

#### **RETURN FORM & FEE TO:**

*Township of Hamilton  
Department of Health*

*2100 Greenwood Ave  
Hamilton, NJ 08609*