Township of West Milford

NON-PROFIT ESTABLISHMENT ANNUAL
Part-Time FOOD LICENSE APPLICATION
For the period _____ to _____

FACILITY NAME_____

FACILITY LOCATION_____

MAILING ADDRESS_____

CONTACT PERSON_____TEL#_____

Email address_____Fax #_____

As per N.J.A.C. 8:24-3.2 (a)2. Food prepared in a private home shall not be used or offered for human consumption in a retail food establishment.

Note: Home baked desserts (that do not require refrigeration) may be served if a clearly visible sign is posted stating that the baked items were prepared in a private home kitchen that is not subject to inspection by the Health Department.

Note: All catering businesses are required to have their own Retail Food Establishment License.

List the proposed public food sale events and the anticipated dates for the year.

NAME OF EVENT_____

DATE:_____ TIME:_____

TRADE NAME OF VENDOR (if applicable)_____

CONTACT PERSON_____TEL#_____

List the food items on the menu, how they will be prepared and where they will be purchased:

Item: _____Cook method_____ Source:_____

Item: _____Cook method_____ Source:_____

Item: _____Cook method_____ Source:_____

NAME OF EVENT_____

DATE:_____ TIME: _____

TRADE NAME OF VENDOR (if applicable)_____

CONTACT PERSON_____TEL#_____

List the food items on the menu, how they will be prepared and where they will be purchased:

Item: _____Cook method_____ Source:_____

Item: _____Cook method_____ Source:_____

Item: _____Cook method_____ Source:_____

NAME OF EVENT_____

DATE:_____ TIME: _____

TRADE NAME OF VENDOR (if applicable)_____

CONTACT PERSON_____TEL#_____

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NAME OF EVENT_____

DATE:_____ TIME: _____

TRADE NAME OF VENDOR (if applicable)_____

CONTACT PERSON_____TEL#_____

List the food items on the menu, how they will be prepared and where they will be purchased:

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NAME OF EVENT_____

DATE:_____ TIME: _____

TRADE NAME OF VENDOR (if applicable)_____

CONTACT PERSON_____TEL#_____

List the food items on the menu, how they will be prepared and where they will be purchased:

Item: _____Cook method_____ Source:_____

Item: _____Cook method_____ Source:_____

Item: _____Cook method_____ Source:_____

Please attach a copy of the most recent total coliform and nitrate water analysis report for the facility. An annual total coliform and nitrate water analysis is required unless the water supply is regulated by the New Jersey Department of Environmental Protection.

- License fee: **$40.00.**   Make check payable to: WEST MILFORD TOWNSHIP

As per the Code of the Township of West Milford Chapter 163-2: *It shall be unlawful for any person to conduct a retail food establishment without complying with all the provisions of the retail food establishment provisions of the State Sanitary Code as set forth in N.J.A.C. 8:24-1.1 et seq.*

_____
Signature of Agent

Title _____Date:_____