



**BURLINGTON COUNTY HEALTH DEPARTMENT**  
**15 PIONEER BOULEVARD**  
**P.O. BOX 6000**  
**MOUNT HOLLY, NJ 08060**  
**PHONE: 609-265-5515 FAX: 609-265-5541**



**Public Health**  
 Prevent. Promote. Protect.  
 Burlington County Health Department

**APPLICATION FOR RETAIL FOOD SERVICE FACILITY**

**Municipality:** \_\_\_\_\_ **NJTAX ID#** \_\_\_\_\_

**Name of Establishment: (Trade Name):** \_\_\_\_\_

**Address of Facility:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E Mail** \_\_\_\_\_

<b>Applicant's Name</b>		<b>Authorized Agent (if applicable)</b>	
<b>Address</b>		<b>Address</b>	
<b>Phone</b>	<b>Fax</b>	<b>Phone</b>	<b>Fax</b>
<b>E Mail</b>		<b>E Mail</b>	

**FACILITY INFORMATION:**

Status: \_\_\_\_\_ New \_\_\_\_\_ Alteration Hrs of Operation \_\_\_\_\_

Type of Service: \_\_\_\_\_ Eat-in \_\_\_\_\_ Take-out \_\_\_\_\_ Other (describe) \_\_\_\_\_

Sewage Disposal System: \_\_\_\_\_ Public \_\_\_\_\_ Individual (Review and approval by Septic Section required) \_\_\_\_\_

Notes: \_\_\_\_\_

Potable Water System: \_\_\_\_\_ Public \_\_\_\_\_ Individual  
 \_\_\_\_\_ Water Test \_\_\_\_\_ Bacteria \_\_\_\_\_ Nitrates

Trash Removal System: \_\_\_\_\_ Company \_\_\_\_\_ Dumpster \_\_\_\_\_ Other (describe) \_\_\_\_\_

Surface of Trash Area: \_\_\_\_\_ Asphalt \_\_\_\_\_ Concrete

Grease Removal Hauler: (Company Name and Address) \_\_\_\_\_

**THE FOLLOWING DOCUMENTATION IS REQUIRED TO PROCESS THIS APPLICATION:**

- \_\_\_\_\_ Food Safety Protection Certification for Managers and proposed program of employee food safety training
- \_\_\_\_\_ Proposed Menu and anticipated volume of food to be stored, prepared, sold or served
- \_\_\_\_\_ HACCP Plan submitted for specialized processing as specified in 8:24-9.1d, e
- \_\_\_\_\_ A clearly labeled floor plan of facility depicting location of all equipment with dimensions indicated
- \_\_\_\_\_ Plumbing location of three compartment sink w/drain boards, hand sink, food prep sink  
 (Indirect plumbing connections where appropriate)
- \_\_\_\_\_ Location of restrooms, employee locker areas, storage and receiving areas
- \_\_\_\_\_ Manufacturer's specification sheets for equipment utilized
- \_\_\_\_\_ Type of finishing material on floors, walls and ceilings, and lighting information

**Application Fee** \_\_\_\_\_ **New- One Hundred Dollars (\$100.00)** \_\_\_\_\_ **Alteration- Seventy Five Dollars (\$ 75.00)**  
 (Payable to the County of Burlington) NON Profit Organizations- Fee Waived

Signature of Applicant \_\_\_\_\_ DATE: \_\_\_\_\_

Chapter 24 Given \_\_\_\_\_

Plan Review Fee Paid \_\_\_\_\_

Application for Retail Food Facility continued

**FOR OFFICE USE ONLY**

Floor plan not required \_\_\_\_\_

Inspector \_\_\_\_\_

Date Received \_\_\_\_\_

Date Completed \_\_\_\_\_

**Septic Sections Review & approval (if Individual)** \_\_\_\_\_

\_\_\_ APPROVED

\_\_\_ APPROVED WITH STIPULATIONS

\_\_\_ DISAPPROVED

(See comments)

Expected Opening Date \_\_\_\_\_ ESTABLISHMENT RISK TYPE \_\_\_\_\_

**BUILDING FINISH MATERIAL**

	Patron /Dining	Storage	Utensil/Washing	Food Prep Area	Restroom
Walls					
Floors					
Ceiling					
Food Equip					
Lighting					
Ventilation					
Plumbing					

**SINKS AND MISC**

	Yes	No	N/A	Adequate #
Hand sinks				
3 Bay/Dishwasher				
Utility/Mop Sink				
Food Prep Sink				
Dumpster				
Employee Break Area/Locker				

**COMMENTS**

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