MATAWAN BOROUGH DEPARTMENT OF HEALTH APPLICATION FOR FOOD HANDLER'S LICENSE

This Application MUST be filled out COMPLETELY and returned to this office, to receive your Food License

Application for Food Handler's License for the period of:					January _	to December		
Trade Name:								
Address:								
Business Telephone Number:				Email Address:				
Type of Establishment:					DF Ma			
Name of Owner:(if corporation, Name of Registered Agent)								
Owner / Registered Agent's Home Address:								
Owner / Registered Agent's Telephone Number(s):								
Name of Manager of Establishment:								
Full Address of Manager:								
Telephone Number(s) of Manager:								
				Categorie				
Category A – Retail Food Establishments selling		Category B – Restaurants, Lunchenettes, Taverns, Cafeterias			Category C – Supermarkets		Category D – Miscellaneous	
ONLY pre-pack. foods	Annual Fee	Group	Seating Capacity	Annual Fee		Annual Fee		Annual Fee
	\$35.00	1. Group I	1 — 50	\$100.00	1. Up to 1,000 sq. ft.	\$50.00	1. Take out food	\$100.00
		2. Group II	51 — 100	\$200.00	2. 1,000 to 2,000 sq. ft.	\$80.00	2. Soda Fountains, Snack Bars, Stands	\$50.00
		3. Group III	101 — 200	\$300.00	3. 2,001 to 3,000 sq. ft.	\$150.00	3. Mobile Units (food carts, catering trucks)	\$250.00
		4. Group IV	Over 200	\$400.00	4. 3,001 to 4,000 sq. ft.	\$200.00	4. Vending Machines	\$50.00-other \$100.00-food
I hereby certify b governing Retail			will compl	y with the	regulations of Chap	oter 24, of	the State Sanitary	Code
		DO	NOT WRITE B	ELOW LINE – Fo	or Health Department Use Ol	NLY		
CATEGORY / GROUP:								
Date Application & Fee Received:								
Check #: Check Amount:						h Amount:		

PERMIT #: _____