

City of Lambertville

18 York Street
Lambertville, NJ 08530

APPLICATION RETAIL FOOD ESTABLISHMENT LICENSE

NEW OR RENEWAL
(circle one)

NAME OF BUSINESS: _____ DATE: _____

STREET ADDRESS: _____

BLOCK NUMBER _____ LOT NUMBER: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

MANAGER/PERSON IN CHARGE OF KITCHEN (if different from owner): _____

Please note: *If this business is owned by a corporation, attach a Corporate Disclosure Statement listing the name, address and telephone number of the President, Vice President, Secretary and Treasurer.*

If this business is Tax Exempt and this is the initial application, attach a copy of the Tax Exempt Certificate.

Please select the following options: Less than 50 Seats More than 50 Seats Outside Seating Other	<input type="checkbox"/> \$250 Fee <input type="checkbox"/> Approved by Variance
Describe the type of dishwashing conducted at this location: Three compartment sink that is properly plumbed Mechanical Dishwashing with 120 degrees F wash and low temp chemical sanitizer Mechanical Dishwashing with 150 degree F wash and high temp sanitizer 180 degree F final rinse	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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Is a grease trap installed and is it being checked and emptied at least once annually but more frequently if necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a designated hand washing station conveniently located in the food preparation area for food handlers to use frequently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require that Food Employees wash their hands frequently, as required, but not longer than every two hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the result of the last inspection conducted by the Inspector from the Hunterdon County Division of Public Health.	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Conditionally Satisfactory	
List members of your staff who are Certified Food Protection Managers:		
Name	Certificate Type	Expiration Date

In consideration of issuance of this license, the owner and applicant agree to comply at all times with the state Sanitary Code Chapter 24 and/or amendments thereto and/or any other codes promulgated and applicable City, State and Federal laws.

Any alteration or expansion of the food service operation requires sealed plans be submitted to the Hunterdon County Health Department for review and approval.

This license is NOT transferable.

Applicant's Signature: _____

FOR USE BY THE CITY OF LAMBERTVILLE ONLY				
Date:	Fee Paid:	Method of Payment:	Staff Initials:	License Number:
				_____-2015