

WARREN COUNTY HEALTH DEPARTMENT

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FOOD ESTABLISHMENT APPLICATION

PLEASE CHECK ALL APPLICABLE ITEMS:

- New Construction
- Major Renovations
(Changes the nature of the operation)
- Minor Renovations
- Conversion of Existing Structure
- Change of Owner/Operator
- Vending Machine(s)
(Potentially hazardous foods)
- Mobile Unit
- Commissary
(For mobile units)
- Agricultural Market

FACILITY INFORMATION:

Name of Establishment _____

Establishment Street Location _____

Operating in what municipality _____

WATER SUPPLY:

- Public Water
- Well
- Other - Please specify: _____

WASTEWATER DISPOSAL:

- Public Sewer
- Subsurface Sewage Disposal System

GREASE TRAP PROVIDED: Yes No

Service Capacity/Number of Seats _____

Number of Employees _____

Type of Food Service (i.e. Chinese restaurant, diner, short-order
café, fast food) _____

Menu (List menu items or attach copy of menu) _____

OWNER/OPERATOR INFORMATION:

Name of Property Owner _____

Mailing Address _____

Block _____ Lot _____

Name of Operator/Lessee (if different from owner) _____

Mailing Address _____

Anticipated Starting Date of Food Service _____

Phone _____

If plans and specifications are required, they must include proposed equipment layout, equipment design and installation, and construction materials of food-related work areas. Submittal of the plans is not an approval to begin construction. Approval to begin construction will be given after the plans have been reviewed and found to be in compliance with CHAPTER XII, "SANITATION IN RETAIL FOOD ESTABLISHMENTS AND FOOD AND BEVERAGE VENDING MACHINES." Approval by this Department does not exempt you from the responsibility of obtaining approvals from the Zoning Officer and Construction Official.

SIGNATURE OF APPLICANT _____

DATE _____