

PLEASE COMPLETE ALL SECTIONS BELOW – WRITE N/A IF SECTION DOES NOT APPLY

Business Name & Address:

E-mail address: _____

Name: _____ Hm Phone # _____ Wk Phone# _____

Name of Registered Agent/Manager(s):

Home Phone # : _____ Work Phone #: _____

Home Address: _____ Town _____ State _____ Zip _____

REGULAR BUSINESS DAYS & HOURS:

GARBAGE DISPOSAL METHOD: (check one) Town _____ Private _____ Dumpster _____

If private hauler, Name: _____ Address: _____

Collection days: _____ Phone: _____

RECYCLING METHOD: Town _____ If private company, Name: _____

Address: _____ List Items Recycled: _____

EXTERMINATOR: Name: _____ Address: _____

Phone #: _____ Frequency: _____ Services Performed: _____

UTILITIES: City Water _____ or Well Water _____ / Septic System _____ or Public Sewer: _____

SHELL FISH SUPPLIER: Name: _____ Address: _____

Phone #: _____ Products Received: _____

MILK SUPPLIER: Name: _____ Address: _____

Phone #: _____ Products Received: _____

FOOD PREPARATION: Which foods are prepared in advance? (12 or more hours in advance of service)

Do you use fresh eggs, pasteurized eggs or both in food preparation?

SALADS: Made on premises (please list):

SALADS: Products Purchased (please list):

LIST ALL CURRENT EMPLOYEES: (use another sheet if necessary)

NAME: _____	POSITION: _____
NAME: _____	POSITION: _____
NAME: _____	POSITION: _____
NAME: _____	POSITION: _____
NAME: _____	POSITION: _____
NAME: _____	POSITION: _____
NAME: _____	POSITION: _____
NAME: _____	POSITION: _____

I, the undersigned, hereby agree to operate the aforementioned retail food establishment in accordance with the provisions of the Township of Randolph's "Retail Food Establishments" ordinance as well as those set out in N.J.S.A. 8:24-1 et seq.

I understand that no license will be granted unless the establishment meets all requirements of the fire, building sanitary, electrical and plumbing codes of the Township of Randolph and that no license will be issued until a satisfactory inspection has been completed by the Randolph Health Department. I further understand that said establishment will be subject to routine inspections throughout the year by the Randolph Township Health Department

FEE SCHEDULE

FOOD & DRINK: [Circle One:]

Type 1 = \$80.00

Type 2 = \$200.00

Type 3 = \$400.00

Type 4 = \$250.00

Food & Drink: \$ _____

Total: \$ _____

Signature of Owner/Operator: _____

Title: _____

Please make check or money order payable to RANDOLPH TOWNSHIP and mail to:

**HEALTH DEPARTMENT
502 MILLBROOK AVENUE
RANDOLPH, NJ 07869**

1/10

FOR AGENCY ONLY

License Fee Received: _____ Date: _____ License Number: _____