

- _____ Yes _____ No
14. Does your establishment currently have a (white placard) Satisfactory Health Department Inspection Status? _____ Yes _____ No
15. Does your establishment currently have a (yellow placard) Conditionally Satisfactory Health Department Inspection Status? _____ Yes _____ No
16. Has your establishment ever been denied, suspended or revoked a license for any reason related to sanitation in the last three years? _____ Yes _____ No
17. Description of type of food to be served or handled _____
 Nature of the Packaging _____
 The Hours of Operation _____
 The number of Employees _____

In consideration of issuance of this license, the owner and applicant agree to comply at all times with the State Sanitary Code Chapter 12 and/ or amendments thereto and/ or any or all other codes promulgated and/ or give authorization to inspect the premises at any reasonable time with or without notice. Alteration or expansion of food service operation requires sealed plans to be submitted to the Hunterdon County Health Department.

NOTE: THIS LICENSE IS NOT TRANSFERABLE

 DATE

 SIGNATURE OF APPLICANT

RETAIL FOOD ESTABLISHMENT LICENSE FEES

FEE SCHEDULE:

Permanent Retail Food Establishment (more than 30 days)	\$225.00
Temporary Retail Food Establishment (not more than 3 days)	\$100.00
Temporary Food Concession for more than 3 days but not more than 30 days	\$150.00
Temporary Retail Food Stand, including a mobile temporary retail food stand	\$75.00
Non-Profit/ Community Service Organizations	Exempt

DO NOT FILL IN THIS SECTION

FOR HUNTERDON COUNTY HEALTH DEPARTMENT USE:

License application: Approved _____ Disapproved _____ Date _____

Plans for Construction of a New Establishment: Approved _____ Disapproved _____
Date: _____

Plans for Expanding Food Service: Approved _____ Disapproved _____ Date _____

Plans for Remodeling of Existing Establishment: Approved _____ Disapproved _____
Date _____

FOR BOROUGH OF BLOOMSBURY USE:

License fee paid: Date: _____ Fee Waived: _____ Tax Exempt No. _____

Hunterdon County Health Department Approval: Date: _____

License Number: _____