



BURLINGTON COUNTY HEALTH DEPARTMENT
 15 PIONEER BOULEVARD P.O. BOX 6000
 MOUNT HOLLY, NJ 08060
 PHONE: 609-265-5515 FAX: 609-265-5541



Public Health
 Prevent. Promote. Protect.
 Burlington County Health Department

APPLICATION FOR RETAIL FOOD SERVICE FACILITY

Name of Establishment: _____ Phone: _____

Street Address: _____

Municipality/Zip Code: _____ E-mail: _____

Applicant's Name:		Authorized Agent (if applicable):	
Address:		Address:	
Phone:	Fax:	Phone:	Fax:
E-mail:		E-mail:	

FACILITY INFORMATION:

Status: _____ New _____ Alteration

Type of Service: _____ Eat-in _____ Take-Out Only _____ Other (describe) _____

Hours of Operation: _____

Potable Water System: _____ Public _____ Well Water (Water Test: ___ Coliform ___ Nitrate)

Sewage Disposal System: _____ Public _____ Septic System (Review & approval required by Septic Division)

Trash Removal System: _____ Company _____ Dumpster _____ Other (describe) _____

Surface of Trash Area: _____ Asphalt _____ Concrete

Grease Removal Hauler: (Company Name, Address, Phone #) _____

THE FOLLOWING DOCUMENTATION IS REQUIRED TO PROCESS THIS APPLICATION:

_____ **HACCP Plan:** To be submitted for specialized processing as specified in N.J.A.C 8:24- 9.1d, e

_____ **Food Safety Protection Certification for Managers** (ServSafe, NRFSP, Thompson-Prometric)

***Proposed employee health and hygiene policy*

_____ **Proposed Menu:** Anticipated volume of food to be stored, prepared, cooled down, sold or served

***Must provide cooling procedure for all items being prepared and cooled*

_____ **Floor plan of facility:** Clearly labeled depicting the location of the following:

- [] All equipment being utilized- with dimensions indicated
- [] Plumbing location of hand sinks, three compartment sink with drain boards and air drying location, dish machine, food prep sink, ice machine, mop sink (indirect plumbing connections where needed)
- [] Location of restrooms, employee locker areas, storage and receiving areas

_____ **Manufacturer's specification sheets:** For equipment being utilized

***Low temperature dish machine shall be equipped with a device that indicates audibly or visually when more chemical sanitizer needs to be added*

_____ **Type of finishing material:** For floors, walls and ceilings and lighting information

Application Fee: _____ **New: \$100.00 (One Hundred Dollars)** _____ **Alteration: \$75.00 (Seventy Five Dollars)**
 (Payable to the County of Burlington) NON Profit Organizations- Fee Waived

Signature of Applicant: _____ **Date:** _____

Chapter 24 Given _____

Plan Review Fee Paid _____

FOR OFFICE USE ONLY

Inspector: _____ Date Received: _____

Floor Plan Not Required: _____ Date Completed: _____

Manager FSPC Twp. Ordinance: ___ Yes ___ No Expected Opening Date: _____

Establishment Risk Type (1-4): _____ Septic Division review & approval: ___ Yes ___ N/A

Food Safety:

	# of Items Being Cooled	Adequate Refrigeration/Storage- yes/no	HACCP Needed/ Completed
Menu			

Building Finishing Materials:

	Food Prep	Storage	Restrooms	Ware washing Area	Dining/Patron
Floors					
Walls					
Ceilings					

Plumbing:

	Yes, No, N/A	Adequate #	Indirect Drain Connection- yes or n/a
Hand sinks			
Food prep sink			
3 Bay / Dish machine			
Ice machine			
Utility/mop sink			

Note: Splash guards where appropriate

Miscellaneous:

	Adequate Materials	Low temp dish machine alarm- yes or n/a
Lighting		
Ventilation		
Manufacturer spec. sheets		

____ APPROVED ____ APPROVED WITH STIPULATIONS ____ DISAPPROVED

(See Comments)

COMMENTS:
