



## **PROCEDURES FOR OPENING A RETAIL FOOD SERVICE FACILITY**

To open a Food Establishment in Burlington County, the following steps are required:

- An application for a retail food service facility (attached) must be completed and returned to the Burlington County Health Department (BCHD) with all required documentation, listed on the bottom of the application, along with a \$100.00 fee for a new establishment and \$ 75.00 for alterations- payable to BCHD.

*(The fee is waived for Non- Profit Organizations)*

- Facility plan submittals shall be in accordance with State regulation N.J.A.C. 8:24- Sanitation in Retail Food Establishments (Chapter 24). The Code may be obtained by calling BCHD or through our website: <http://www.co.burlington.nj.us/departments/health>
- Applicants shall also check with the local municipality, where the proposed establishment is located, for their specific requirements.
- Plan reviews will be conducted by a licensed inspector (REHS). Within 30 business days a REHS will review the application and respond accordingly. If additional information is needed after the initial review, this could extend past the 30 business days. Once all information is submitted and plan review is complete, an approval letter will be mailed, faxed, emailed or available to be picked up at the Health Department by the business owner or authorized agent.
- The approval letter is also provided by BCHD to the city or township where the business is located and permits will then be issued for construction by the township.
- Once construction is complete, the business owner or authorized agent shall contact the REHS to schedule a pre-opening inspection. (A minimum of 3 business days' notice) Prior to the pre-opening inspection, all construction equipment and debris is to be cleaned up and/or removed from the premises. All equipment including refrigerators, freezers, warming units, sinks, ice machines, sanitizer for ware washing, etc. shall be installed, turned on and ready to be inspected. Any stipulations noted on the approval letter shall be completed and in compliance prior to the pre-opening. There shall be **NO** food requiring refrigeration or freezer temperatures on site at a pre-opening inspection. Shelf-stable products, cleaning products and paper products can be brought in prior to a pre-opening inspection.
- Plumbing, electrical, and fire inspections are required by local municipalities- the owner or authorized agent of the establishment shall contact the appropriate officials to schedule inspections prior to opening.
- Once the pre-opening inspection is completed and found to be in compliance, a written inspection report and satisfactory evaluation placard will be issued to the business owner or agent, who in turn provides copies of the report to the local construction code official. The construction code official will then issue a final certificate of occupancy (CO), after also complying with their requirements.
- A food handler license or permit (if required) is to be obtained from the city or township where the business is located.
- Additionally, a nationally recognized exam for a Food Protection Managers Certificate (FPMC) is required for all Risk 3 establishments in Burlington County, as well as Risk 2 establishments in townships which have a local ordinance. NOTE: Townships which require a FPMC for risk levels 2 and up are: Beverly, Chesterfield, Cinnaminson, Evesham, Lumberton, Maple Shade, Moorestown, Palmyra, Pemberton Borough, Southampton and Westampton

*(ANSI accredited exams include: ServSafe, NRFSP, Prometric, 360Training.com  
StateFoodSafety.com, Always Safe Food Co.)*

- Approximately 1 month after opening, a complete annual inspection will be conducted by the REHS, and then annually thereafter.



## **EXPLANATION OF DOCUMENTS REQUIRED**

Please refer to Chapter 24 “Sanitation in Retail Food Establishment and Food and Beverage Vending Machines”  
(N.J.A.C. 8:24)

### **The following is a breakdown of all documentation required to process this application:**

1. **HACCP Plan:** May not be required for every plan review- this is determined once the application is submitted & reviewed (Most commonly needed for procedures including reduced oxygen packaging, acidification of foods, smoking or curing of foods, fermentation, pasteurization, etc.)

2. **Food Protection Managers Certificate (FPMC):** Class and exam are required to be taken for each risk level 3 establishment. There are multiple townships which require the above exam to be taken for risk level 2 establishments. Risk level will be determined based on proposed menu and application submitted. Those townships include: Beverly, Chesterfield, Cinnaminson, Evesham, Lumberton, Maple Shade, Moorestown, Palmyra, Pemberton Borough, Southampton and Westampton.

*NOTE: ANSI accredited exams for a CFPM certificate include: ServSafe, NRFSP, Prometric, 360Training.com, StateFoodSafety.com. Always Safe Food Co.*

3. **Proposed Employee Health and Hygiene Policy:** Including instructions for handwashing and glove usage, sick employee restrictions, smoking eating and drinking, work attire, jewelry & artificial nail and nail polish, etc.

4. **Proposed Menu:** Anticipated volume of food to be stored, prepared, served and sold- including weight, or amount of food items to be ready for a day’s use. Anticipated volume of food to be cooled down must be submitted, including cool down procedure. Cool down procedure must include what pieces of equipment are being used to cool down potentially hazardous foods. Cooling methods can be found in NJAC 8:24 – 3.5 (e). Specifically, the Food Code states that “cooked potentially hazardous food (foods that require time-temperature control to keep them safe for consumption) should be cooled “rapidly,” i.e., from 135°F to 70°F in 2 hours or less and then from 70°F to 41°F in 4 additional hours.”

5. **Floor Plan of Facility:** A clearly labeled layout of facility with dimensions of the following:

- \*Three compartment sinks with air drying location and/or
- \*Commercial dish machine with air drying location
- \*Handwashing sinks in prep area(s)
- \*A utility sink or a curbed mop sink
- Plumbing location of all sinks (indirect drain connections where needed)
- \*Refrigeration units (bain marie, stand up fridge, walk in fridge, etc.) (with thermometers inside)
- \*Freezer units (walk in, stand up freezer, reach in freezer, etc.)
- \*Cooking equipment (stove, fryers, grill, etc.) with exhaust hood (to be inspected by fire inspector)
- \*Possibly a food prep sink (based off menu review)
- \*Prep tables- describe surface
- \*Hot water heater
- Dry storage & receiving area
- Employee break/locker area
- Employee and/or public restroom

6. **Manufacturer’s Specification Sheets:** To be submitted for all pieces of equipment being utilized in establishment- including all equipment with asterisks (\*) (under #5 floor plan)- as well as prep tables, blenders, juicers, slicers, bone saws, meat grinders, soft serve ice cream machine, etc.

7. **Type of Finishing Materials:** For floors, walls, ceilings & work surfaces (must be smooth, durable, easily cleanable and non-absorbent)



**APPLICATION FOR RETAIL FOOD SERVICE FACILITY**

Name of Establishment: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Establishment Address: \_\_\_\_\_  
 Municipality/Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

**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 Protection Managers Certificate:** ANSI accredited exams: ServSafe, NRFSP, Prometric, 360Training.com, StateFoodSafety.com, Always Food Safe Co.)  
 \_\_\_\_\_ **Proposed Employee Health and Hygiene Policy:** Policy for proper handwashing/ glove usage, sick employee restriction, work attire, hair restraints, smoking, eating, gum chewing, etc.  
 \_\_\_\_\_ **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, ceilings and work surfaces 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:** \_\_\_\_\_

**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:**

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