



Township of Branchburg

1077 US HIGHWAY 202 NORTH, BRANCHBURG, NJ 08876-3936

TELEPHONE: (908) 526-1300 x183 FAX: (908) 526-7027

www.branchburg.nj.us

OFFICE OF THE HEALTH OFFICER

RETAIL FOOD ESTABLISHMENT LICENSE APPLICATION -FOOD ESTABLISHMENT-

Name of Establishment: _____

Address of Establishment: _____

Business Phone: _____

Fax Number: _____

Email Address: _____

Hours of Operation: _____

Owner Information

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Licensed Agent Information (Manager/Contact)

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

License Fee is based on the total square footage of total facility (Retail Food Handling (BH: 7-7.1))

<u>Area (Square feet)</u>	<u>Fees</u>
1. From 1 to 2500.....	\$250.00
2. 2501 to 5000.....	\$300.00
3. 5001 to 10,000.....	\$375.00
4. over 10,000.....	\$375.00 plus \$75.00 for each additional 10,000 square feet (or part thereof)
5. Vending Machines (potentially hazardous foods).....	\$125.00/machine
6. Mobile, Catering	\$125.00
7. Agricultural Activity.....	\$125.00
8. Temporary Activity.....	\$ 75.00
9. Non-Profit Organizations.....	none
10. Plan Review	
a. New Construction.....	\$200.00
b. Alteration	\$100.00
11. Restaurant construction inspections.....	\$150.00
12. Restaurant/food consultation-	\$ 25.00 per ½ hour
ie. Special Process written Plans, Sushi plans, smoking curing, fermenting, etc.	
13. Re-Inspection Fee(s)	
a. Conditionally Satisfactory.....	\$250.00
b. Unsatisfactory	\$500.00

Re-inspection fees (BH-99-51)

A re-inspection fee shall be paid within five (5) business days after the re-inspection each time the owner or operator of any retail food establishment fails to receive a satisfactory rating from the Branchburg Township Board of Health.

(OVER)



TOWNSHIP OF BRANCHBURG
OFFICE OF THE HEALTH OFFICER
RETAIL FOOD ESTABLISHMENT LICENSE APPLICATION
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Make Checks Payable to: Branchburg Township

Mail Payment and Completed Application to:
Township of Branchburg, Health Department, 1077 US Highway 202 North, Branchburg, NJ 08876
Phone: 908-526-1300 x183 // Fax: 908-526-7027
carl.scialfa@branchburg.nj.us or cinthia.weaver@branchburg.nj.us

“THE UNDERSIGNED AGREES TO OPERATE THE AFOREMENTIONED FOOD ESTABLISHMENT IN ACCORDANCE WITH ALL APPLICABLE STATE AND LOCAL LAWS AND REGULATIONS.”

Print Name & Title: _____

Signature: _____ Date: _____