

**GREEN MARKET APPLICATION
FOR RETAIL FOOD LICENSE
2015-2016**

PLEASE PRINT CLEARLY

Name of Business _____

Trading As _____

Location of Business _____

Business Mailing Address _____

Local Contact and Phone Number: _____

Email address _____

Name of Corporation _____

Principle Owner of Corporation _____

Emergency Contact and Phone Number _____

ALL FOOD MUST BE PREPARED IN THE FOLLOWING LICENSED FACILITY:

NAME OF ESTABLISHMENT _____

(Please supply a copy of your food license and your satisfactory inspection placard)

ESTABLISHMENT ADDRESS _____

Name of Certified Food Manager (if applicable) _____

***Expiration Date of Food Manager Certification** (if applicable) _____

***If expired, must be recertified by 07/15/15. Also, please provide a copy of your Food Manager's Certification.**

Signature of Certified Food Manager (if applicable) _____

Signature of Corporation Owner _____

Name of Owner of Building _____

Owner Address and Phone Number 20 Schooley's Mt. Rd. Long Valley N.J. 07853

Signature of Building Owner _____

Date: _____

License Fee: \$ 50.00 (*)

**Applications and remittances may be mailed to:
Washington Township Health Department
43 Schooley's Mountain Rd., Long Valley, NJ 07853**

(*) Fee will be waived if business has a current retail food license in Washington Twp. NJ

PLEASE PRINT CLEARLY
ALL NAMES MUST BE PRINTED BY LAST NAME
IN ALPHABETICAL ORDER

Current List of ALL Food Handlers* at your Establishment and their certification status.
 (Any food handlers whose certification has expired or new employees who need certification can take a “book” test at the Washington Township Health Department. (cost per test - \$1.00/non-profit establishment, \$10.00/retail establishment). Call 908-876-3650 to make arrangements to pick up the book and take the test.)

Name (Last, First)	Current Certificate (Issue Date)	Current Certificate (Expiration date)	New Employee (X this column)

***A Food Handler is any worker in a food establishment that handles, touches, prepares or cooks any food or food contact items. This list, therefore, includes any chefs, cooks, buss staff, waiter and or waitress at your establishment.**

List **all** food and beverage items to be prepared and served. Attach a separate sheet if necessary. (Note: any changes to the menu must be submitted to and approved by Washington Township Health Department at least 7 days prior to the event.)

ESTABLISHMENT FOOD

SAFETY AGREEMENT

I am aware of food handling procedures outlined in the New Jersey State Sanitation Code, Chapter 24, especially as it relates to food protection, food preparation, and food storage.

To the best of my ability I take responsibility for providing safe services to the public according to the above stated code and agree to oversee and manage the food handling services for our particular fund raising function.

Signature of Responsible Person

Printed Name of Person Responsible

Establishment

Date