



# HOWELL TOWNSHIP

## APPLICATION FOR FOOD HANDLER'S LICENSE

### 2020 - 2021

Date \_\_\_\_\_

License Number Issued \_\_\_\_\_

**Establishment Contact Information:** (Please print clearly)

Name of Establishment: \_\_\_\_\_

Full Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Number of Seats \_\_\_\_\_ Square Feet: \_\_\_\_\_

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

\*\*\*\*\*

***Please provide copies of corporate documents, Certificate of formation or Articles of Incorporation***

Legal Name of Owner(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Renewals to be mailed to: \_\_\_\_\_

\*\*\*\*\*

All **Mobile Vendors and vehicle operators** must have a police background check before a license will be issued. To inquire, contact the Township Clerk's Office. All mobile vendors must be inspected by the Monmouth County Board of Health and receive a *Satisfactory Certificate before a license is issued*. For inspection call 732-431-7456.

**\$100 Fee**

- **Mobile Vendor:** Monmouth County Satisfactory Certificate must accompany this application.

Operator's Vendor Solicitation# \_\_\_\_\_ License Plate# \_\_\_\_\_

Operator's Vendor Solicitation# \_\_\_\_\_ License Plate# \_\_\_\_\_

Operator's Vendor Solicitation# \_\_\_\_\_ License Plate# \_\_\_\_\_

**Where is your commissary / Base of Operations?** \_\_\_\_\_

**\$50 Fee**

- Agricultural Market/Retail \_\_\_\_\_

**\$50 Fee**

- Liquor Store Selling Pre-Packaged Snacks \_\_\_\_\_
- Vendor Selling Pre-Packaged Candy, Cakes, Nuts \_\_\_\_\_ (A letter must be attached stating where the merchandise was purchased, how it is being stored and the location).

**Temporary Retail Food Establishment one (1) thru seven (7) consecutive days**

Location \_\_\_\_\_ Dates \_\_\_\_\_

Event \_\_\_\_\_ (Food Procedure Must Be Attached

Along with Satisfactory from your Local Health Department)

**\$25 Fee** \_\_\_\_\_

**Exempt** - Non-Profit Organization must have Tax Exempt Number \_\_\_\_\_

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Check Applicable Category (see fee schedule below)

- |                           |                       |                            |                       |
|---------------------------|-----------------------|----------------------------|-----------------------|
| Bakery                    | <input type="radio"/> | Organization/Preschool     | <input type="radio"/> |
| Catering Kitchen/Hall     | <input type="radio"/> | Restaurant                 | <input type="radio"/> |
| Cafeteria Public/Private  | <input type="radio"/> | Short Order Café'          | <input type="radio"/> |
| Coffee Shop               | <input type="radio"/> | Snack Bar/Luncheonette     | <input type="radio"/> |
| Convenience Store         | <input type="radio"/> | Sandwich/Sub Shop          | <input type="radio"/> |
| Delicatessen              | <input type="radio"/> | School/Institution         | <input type="radio"/> |
| Frozen Dessert            | <input type="radio"/> | Tavern/Bar/Cocktail Lounge | <input type="radio"/> |
| Grocery Store/Food Market | <input type="radio"/> | Tearoom                    | <input type="radio"/> |
| Meat/Poultry/Fish         | <input type="radio"/> | Vending (location):        | <input type="radio"/> |

Other: \_\_\_\_\_

PLEASE PAY WHICHEVER IS GREATER IN SEATS OR SQUARE FEET	Post Marked Before July 31, 2020	Post Marked After July 31, 2020
1-50 seats or less than 3,000 square feet	\$100.00	\$150.00
51-200 seats or 3,001 square feet to 10,000 square feet	\$200.00	\$250.00
201 seat or more, or more than 10,000 square fee	\$300.00	\$350.00
<b>Exempt-</b> Non-Profit Organization must have Tax Exempt Number: _____		

**Risk Categories 3 & 4 must provide proof of a Food Protection Manager certificate from a program recognized by the Conference of Food Protection prior to opening.**

The undersigned agrees to operate the aforementioned food-handling establishment in accordance with the provisions of an ordinance entitled Retail Food Establishment code, Chapter 241 of Howell Township and the New Jersey State Sanitary Code, Chapter 24 governing the operation of retail food handling establishments.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*All Food Handler Licenses expire July 31<sup>st</sup> in compliance with Executive Order #138 for 2020 only. **To avoid a \$50.00 late fee, applications must be post marked by July 31, 2020.***

Please make checks payable to **Howell Township**. The office is located at 4567 Route 9 North in the Howell Municipal Building, second floor. The mailing address is Howell Township Clerk's Office, P.O. Box 580, Howell, NJ 07731-0580. Questions may be directed to 732-938-4500 ext. 2241 Monday thru Friday 8:30 – 4:30pm.