



# TOWNSHIP of MONTGOMERY

SOMERSET COUNTY

## DEPARTMENT OF HEALTH

Serving Hopewell Borough & Pennington Borough

2261 Route 206 Belle Mead, New Jersey 08502

Phone: 908-359-8211 Fax: 908-359-4308 Email: [Health@twp.montgomery.nj.us](mailto:Health@twp.montgomery.nj.us)

# APPLICATION FOR RETAIL FOOD LICENSE

## Borough of Pennington

### FACILITY INFORMATION (please print clearly)

Name of Establishment		Phone	
Street Address		Fax	
City, State, Zip		Email	

### OWNER INFORMATION (please print clearly)

Name of Owner		Phone	
Street Address		Fax	
City, State, Zip		Email	

**Required Documentation:** The following must be included with application (when applicable) or your license will not be issued:

- Copy of Manager(s) Food-Safety Training Certificate       Grease Trap Cleaning Log or Receipts

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### Fee Schedule: (make checks payable to: *Borough of Pennington*)

- |  |          |
|--|----------|
| <input type="checkbox"/> Facilities Preparing Food   | \$120.00 |
| <input type="checkbox"/> Facilities selling only Pre-Packaged Foods (Pharmacies, Liquor Stores, etc) | \$60.00  |
| <input type="checkbox"/> Mobile Food Vendor  | \$60.00  |
| <input type="checkbox"/> Non-Profit Organizations  | \$30.00  |

I/We hereby make application for a license to operate a Retail Food Establishment and agree to conduct the business in compliance with the Laws of the State of New Jersey and the Ordinances of the Borough of Pennington in the County of Mercer and regulations of the Board of Health of said Municipality. I hereby certify all information provided is truthful, under penalty of law.

\_\_\_\_\_  
Print Name of Owner or Legal Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner or Legal Agent

**Return form & fee to:**

**Borough of Pennington  
30 North Main Street  
Pennington, NJ 08534**

License # \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Issued: \_\_\_\_\_