

TOWNSHIP OF ROCHELLE PARK BOARD OF HEALTH
151 WEST PASSAIC STREET
ROCHELLE PARK, NJ 07662
PHONE: 201-587-7730 FAX: 201-556-0523

FOOD HANDLING LICENSE APPLICATION

Please check one: New application:_____ Renewal:_____

Fee\$_____

Business name:_____

Address:_____

Telephone#_____

Fax#_____

Owner's name:_____

Owner's address:_____

Telephone#_____

Type of ownership: Individual____ Partnership____ Corporation____

Corporation name:(if applicable)_____

Number of seats:___ *Number of employees____ ***Please list all employees on page 2, and note if they are certified as food handler/manager and date that course was taken.**

Days/Hours of operation:_____

Name & address of milk distributor:(if applicable)_____

_____ Telephone#_____

Exterminator's name & address:_____

_____ Telephone#_____

If new establishment or if renovation is planned, submit floor plan with proposed layout of equipment for approval by Health Department.

No business may be carried on until approval is given by the Health Department.

In consideration of the issuance of this license, the applicant agrees to comply at all times with the Health Department Code and/or amendments thereto and any or all other codes promulgated.

THIS LICENSE IS NOT TRANSFERABLE

Signature:_____ Date:_____

For Health Department use

Approved____ Disapproved____ Date_____ License #_____ Fee Paid \$_____

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***Please list all employees and whether they are certified as a food handler / or manager and date course was taken. Note: The recertification course is required every two years.**

Employees name	Food handlers course/date	Food managers course/date
_____	_____	

_____	_____	

_____	_____	

_____	_____	

_____	_____	

_____	_____	

_____	_____	

_____	_____	
