



**Somerset County Department of Health**  
 27 Warren Street, Somerville, NJ 08876  
 P.O. Box 3000  
 Phone (908) 231-7155 | Fax (908) 704-8042



## Application for Retail Food Establishment License

**Please make all checks payable to Franklin Township and mail to Franklin Township Clerk's Office:  
 475 Demott Lane, Somerset, NJ 08873.**

**New Application**

**Renewal**

**Establishment Trade Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Establishment Information:**

**Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**Manager or Person in Charge** \_\_\_\_\_

**Certified Food Handler** \_\_\_\_\_

**Hours of Operation** \_\_\_\_\_

**Seating Capacity** \_\_\_\_\_ **License Class No.** \_\_\_\_\_ **Square Footage of Est.** \_\_\_\_\_ **# of Employees** \_\_\_\_\_

**Emergency Contact Name & Phone #** \_\_\_\_\_

**Owner Information and Mailing Address:**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**MAIL LICENSE TO: (choose preferred address)**

**Establishment**

**Owner**

**Garbage Hauler:** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Recycling Hauler:** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Exterminator:** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Grease Hauler:** \_\_\_\_\_

**Phone #** \_\_\_\_\_

Class	Description	Fee
<b>Restaurants</b>		
1	1-49 Seating Capacity	\$250
2	50-100 Seating Capacity	\$350
3	101-150 Seating Capacity	\$450
4	151-199 Seating Capacity	\$550
5	200+ Seating Capacity	\$600
<b>Other than Restaurants</b>		
6	Less than 5,000 square feet	\$250
7	Between 5,000 & 10,000 square feet	\$350
8	More than 10,000 square feet	\$700

I, \_\_\_\_\_, hereby apply for a license to operate a retail food establishment and agree to comply with, and abide by, all the provisions of N.J.A.C. 8:24 of the New Jersey Sanitary Code and all local codes regulating retail food establishments. I further understand that this license is not transferable and may be revoked upon violation of these codes.

**Signature** \_\_\_\_\_