FRANKFORD TOWNSHIP BOARD OF HEALTH
151 US HIGHWAY 206
AUGUSTA, NEW JERSEY 07822
973-948-5566 – 973-948-0943 (FAX)
ANNUAL

Secretary: Diane M. Brauchle

APPLICATION FOR PERMIT TO OPERATE A RETAIL FOOD ESTABLISHMENT

DATE:_____ APPLICANT NAME:_____

MAILING ADDRESS:_____

CITY:_____STATE:_____ZIP:_____

PHONE:_____CELL:_____EMAIL:_____

TRADE NAME:_____

BUSINESS ADDRESS:_____

BUSINESS TELEPHONE:_____EMAIL:_____

SOCIAL SECURITY OR FEDERAL ID#:_____

SALES & USE TAX #:_____

FOOD TO BE PREPARED/PROCESSED/SOLD_____

_____

WHERE IS THE FOOD STORED/PREPARED/PROCESSED/SOLD?_____

_____

NUMBER OF FOOD HANDLER'S ON STAFF IF APPLICABLE:_____

NAME(S) OF CURRENT EMPLOYEE(S) OR MEMBERS WITH CERTIFICATION:_____

_____

Must attach a copy of Certification to complete this application

The undersigned has read and understands the provisions of the Township Ordinances regulating food handlers and retail food handling establishments, as well as the understanding that Frankford Township does not permit sales or gifting of Cannabis Products-Ordinance #2023-006.

Applicant's Signature:_____

(PLEASE MAKE CHECKS PAYABLE TO FRANKFORD TOWNSHIP BOARD OF HEALTH)

Total floor area greater than 300 square feet	$250.00 for the calendar year
Total floor less than 300 square feet	$150.00 for the calendar year
Non-Profit vendor:	$25.00 for the calendar year

All applications and permit Fees must be mailed directly to the Township of Frankford.
NO PERMITS WILL BE ISSUED WITHOUT A VALID CERTIFICATION.