



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-HANDLING 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 OR PROCESSED: _____

WHERE ARE THE FOODS STORED, PREPARED AND/OR PROCESSED? _____

NUMBER OF FOOD HANDLERS ON STAFF: _____

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.