



TOWNSHIP of MONTGOMERY

DEPARTMENT OF HEALTH

Also serving the Borough of Rocky Hill

100 Community Drive Skillman, New Jersey 08558

Phone: 908-359-8211 Fax: 908-533-9336 Email: Health@montgomerynj.gov

ROCKY HILL APPLICATION FOR RETAIL FOOD LICENSE

1. Establishment Name: _____
Street Address: _____
Mailing Address (if different): _____
Phone No. at Establishment: _____
2. Owner Name: _____ Owner Emergency/Cell Ph: _____
Owner Mailing Address: _____
Owner Contact Email: _____
3. Certified Food Handler(s): _____ (attach copies of all certificates)
4. Grease Trap Service Company: _____ Exterminator: _____
5. Classification: (Please check one) **Make checks payable to: BOROUGH OF ROCKY HILL**

| CLASS | TYPE | |
|-------|--|-----------------------------------|
| | RESTAURANTS / TAVERNS / LUNCHEONETTES | |
| 1 | 1-50 Seating Capacity | <input type="checkbox"/> \$50.00 |
| 2 | 51-200 Seating Capacity | <input type="checkbox"/> \$100.00 |
| 3 | 201 or more Seating Capacity | <input type="checkbox"/> \$150.00 |
| | FOOD STORES / GROCERS / DELICATESSENS / OTHER | |
| 4 | 0 - 3,500 square feet | <input type="checkbox"/> \$50.00 |
| 5 | 3,501 – 5,000 square feet | <input type="checkbox"/> \$75.00 |
| 6 | 5,001 – 10,000 square feet | <input type="checkbox"/> \$150.00 |
| 7 | 10,001 square feet or more | <input type="checkbox"/> \$250.00 |
| 8 | Temporary or Itinerant Food Establishment | <input type="checkbox"/> \$50.00 |
| 9 | Non-Profit, Religious, or Emergency Service Organization | <input type="checkbox"/> \$25.00 |

I/We 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. **Licenses expire December 31 annually.**

SIGNATURE OF OWNER OR LEGAL AGENT: _____ **DATE:** _____

Return form & fee to:

BOROUGH OF ROCKY HILL
P.O. BOX 188
ROCKY HILL, NJ 08553

FOR HEALTH DEPARTMENT USE ONLY

Revised 4/1/2023

Date Received: ____/____/20____ License Number: _____

Date Issued: ____/____/20____ Approved By: _____ Risk Class: _____