

**BUREAU OF ENVIRONMENTAL HEALTH  
DIVISION OF HEALTH – TRENTON, NEW JERSEY**

319 E. State Street  
City Hall Annex 2<sup>nd</sup> Floor

**APPLICATION FOR PERMIT  
TO OPERATE A RETAIL FOOD ESTABLISHMENT**

**YEAR** \_\_\_\_\_

Date: \_\_\_\_\_

I, or we, the undersigned, do hereby make application for a permit to operate a retail food establishment in the City of Trenton, located at

\_\_\_\_\_  
(Business Address)

\_\_\_\_\_  
(Business Phone No.)

\_\_\_\_\_  
(Name of Operator)

\_\_\_\_\_  
(Name of Establishment)

In making this application I, or we, agree to comply with all the ordinances of the City of Trenton and the Laws of the State of New Jersey covering such establishments.

It is further agreed that I, or we, will surrender this permit if granted, to the Division of Health, Bureau of Environmental Health on demand.

Signed: \_\_\_\_\_

FEE:

Print Name \_\_\_\_\_

\_\_\_\_\_ No Fee – Exempt

Home \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Temporary

Home \_\_\_\_\_

Phone: \_\_\_\_\_

Permit \_\_\_\_\_

Number: \_\_\_\_\_

Date \_\_\_\_\_

Issued: \_\_\_\_\_

Permit \_\_\_\_\_

Fee: \_\_\_\_\_

Date \_\_\_\_\_

Received: \_\_\_\_\_

Inspected \_\_\_\_\_

Recommendations \_\_\_\_\_

Vehicle Plate: \_\_\_\_\_

\_\_\_\_\_  
Sanitary Inspector