

BUREAU OF ENVIRONMENTAL HEALTH
DIVISION OF HEALTH - TRENTON, NEW JERSEY

319 E. State Street
City Hall Annex 2nd 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 _____
Home _____
Address: _____

No Fee - Exempt

Home: _____
Phone: _____
Permit
Number: _____
Date
Issued: _____
Permit
Fee: _____
Date
Received: _____

Temporary

Annual Fee

Vehicle Plate: _____

Inspected: _____

Recommendations: _____

Sanitary Inspector: _____