

FOR OFFICE USE ONLY
License Number: _____
Fee: _____
Date of Issue: _____

**TOWNSHIP OF HANOVER HEALTH DEPARTMENT**  
**P.O. BOX 250, 1000 ROUTE 10**  
**WHIPPANY, NEW JERSEY 07981**  
**Tel: (973) 515-6667 Fax: (973) 515-3772**

Application for a License to:

**Conduct, Maintain or Operate a Catering Kitchen** for the dispensing of food and/or drinks. Application is hereby made and a fee of \$350.00 is submitted herewith.

Please indicate the facility risk type as defined in NJAC 8:24-1.5:

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Risk type 1 | <input type="checkbox"/> Risk type 3 |
| <input type="checkbox"/> Risk type 2 | <input type="checkbox"/> Risk type 4 |

New Application           Renewal

Date \_\_\_\_\_ 20\_\_\_\_

Fee Enclosed \_\_\_\_\_

***I. About the Establishment***

Trade Name of Business:			
Location of Business:			
Contact Information	<b>Phone:</b> _____	<b>Fax:</b> _____	
	<b>E-mail:</b> _____		
<b>EMERGENCY NUMBER:</b>			

***II. About the Ownership***

Check mark the type of ownership	Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Individual <input type="checkbox"/>
Name of the corporation, or partnership	_____
List the names, titles, and business addresses of the corporate officers, partners, or individual owner(s)	_____
	_____
	_____
Contact Information:	
Phone: _____	Fax: _____
E-mail: _____	

**III. Operation of the establishment**

	Yes	No	Not applicable
Do you possess a copy of Chapter 24 of the New Jersey State Sanitary Code regulating the retail provision of food, (N.J. A.C. 8-24-1 et. seq) that you have read and are familiar with?			_____
Are only pre-packaged, non-potentially hazardous food or commercially processed food served or sold?			
Does the establishment prepare, cook and served most products immediately?			
Does the establishment exercise hot and cold holding of potentially hazardous food after preparation or cooking? That is are foods made in advance and stored for later use? (see item III-A #1)			
Does the establishment limit the complex preparation of potentially hazardous food to two or fewer items?			
Does the establishment have an extensive menu, which requires the handling of raw ingredients and is involved in the complex preparation of menu items that includes the cooking, cooling and reheating of at least three or more potentially hazardous foods?			
Does the establishment prepare and serve potentially hazardous food including the extensive handling of raw ingredients; and whose primary service population is a highly susceptible population?			
Does the establishment conduct specialized processes such as smoking, curing, canning, bottling, acidification designed to control pathogen proliferation or any reduced oxygen packaging intended for extended shelf life?			
Is adequate refrigeration capable of maintaining food temperatures of 41 degrees F. or less provided for perishable and potentially hazardous foods (i.e. meats, meat products, fish, poultry, dairy products, produce, etc.)			
Are fresh shellfish (i.e. clams, oysters, mussels) prepared or served at this establishment? (see item #2 below)			
If shellfish are served, are tags kept for a minimum of 90 days?			

**III-A Details about the operation**

1. Describe the specific method(s) used to rapidly cool cooked foods that are to be stored for future use. (i.e. refrigeration in uncovered shallow pans, ice bath with stirring, cooling paddle with stirring etc.)

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2. List shellfish suppliers' name, address, and ID number:

Note: Shellfish will be embargoed or destroyed if a tag is not available or does not have **complete information**. Among other items, the **harvest date and site** must be designated. Tags must remain affixed to the original container until all the shellfish stock is depleted.

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#### ***IV Person In Charge***

Each establishment shall name a Person In Charge (PIC) in accordance with N.J.A.C. 8:24-2.1 and such a person shall be present during all hours of operation.

Person in Charge	Day of Week	Hours

#### **V Serve Safe Certification**

**To All Risk Type #3 and #4 Facilities - Provide a copy of the PIC's ServSafe Certification. REQUIRED for LICENSE.**

#### *Certification of Application*

In consideration of the issuance of such license, the applicant agrees to comply at all items with State Statutes, the Code of the Township of Hanover, and all rules and regulations of the State of New Jersey and the Township of Hanover Health Department governing the operation of retail food establishments.

The applicant certifies that to his knowledge, the above information is true and accurate. The applicant further agrees to immediately inform the Township of Hanover Health Department of any contemplated change of the above stated information, or in the operation of food handling practices of the business.

This license, if granted, is issued upon the express condition that the same is subject to forfeiture or revocation in the event that the applicant or operator shall violate any of the agreements herein set forth.

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Title of Applicant