

CAMDEN COUNTY DIVISION OF ENVIRONMENTAL HEALTH DiPiero Center, Suite #301 512 Lakeland Road Blackwood, NJ 08012 Phone: 856-374-6052 Fax: 856-374-6211 <i>Please print legibly!</i>		OFFICE USE ONLY	
		Permit #: _____	Date Received: ____/____/____
		Risk Type: _____	Food Handler Cert Rec'd Y/N
		Select Permit Type:	
		<input type="checkbox"/> Existing Food Facility <input type="checkbox"/> Year established ____/____/____ <input type="checkbox"/> Change of Ownership (If you are a new owner since the last posted inspection) <input type="checkbox"/> Previous name of facility: _____ <input type="checkbox"/> New Establishment <input type="checkbox"/> Remodel/change of operation <input type="checkbox"/> Other: _____	
RETAIL FOOD PERMIT APPLICATION		*OWNER INFORMATION	
FACILITY INFORMATION		<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Single Proprietor <input type="checkbox"/> Association	
Facility Name: _____ Municipality: _____ Facility Location: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> _____ no _____ street </div> <div style="display: flex; justify-content: space-between; width: 100%;"> _____ city _____ NJ _____ zip </div>		<input type="checkbox"/> Other legal entity: _____ Corporate/Owner Name: _____ <div style="display: flex;"> <div style="flex: 1;">Names (Owner, Corp Officer, Partners, etc.)</div> <div style="flex: 1;">Title:</div> </div>	
Facility Mailing address (if different from location): _____ <div style="text-align: right;">zip</div>		FOOD HANDLER CERTIFICATION INFORMATION	
Facility Phone #: _____ Fax #: _____		Your Risk classification is: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 24 <input type="checkbox"/> 3 <input type="checkbox"/> 34	
Email address: _____		ALL Risk 3 and 34 Establishments must submit a copy of a current "Food Protection Manager Certificate" to the Health Department for your designated Person in Charge (PIC)	
*Owner Name: _____ Owner Address: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> _____ no _____ street _____ city _____ zip </div>		Course completed: <input type="checkbox"/> ServSafe (www.servsafe.com) <input type="checkbox"/> Thompson Pro-Metric (www.prometric.com/foodsafety) <input type="checkbox"/> National Registry of Food Safety Professionals (www.nrfsp.com)	
Owner Phone #: _____ Emergency #: _____		Name of Certified Food Handler (PIC): _____ Certification Exp Date: _____	
Tax ID Number: _____		If you have a Risk type 3 or 34 menu, a new owner must obtain certification prior to opening.	
Name/Title of person responsible for daily operations: _____		Sewage and Water	
		<div style="display: flex;"> <div style="flex: 1;"> Water Source (circle one) Public Private Well </div> <div style="flex: 1;"> Sewage System (circle one) Public Septic System </div> </div>	
Operation Details			
Days of Operation: M T W T F S S Hours: _____		No. of Employees: _____	
Meals per day: _____			
Type of Operation (circle all that apply): •Institutional (health, childcare, adult, education) • Deli items •Commissary for mobile/temp events • Full service restaurant •Church/social club •Prepare foods for off-premise serving •Wholesale to other food businesses •Grocery with commercially prepackaged goods Other: _____		•Prepare foods for next day service •juice/snacks only •Handles/cooks raw meat/fish •clients bring their own food •Heat/serve commercially processed foods •use 100%disposables •Foods are cooked/served for immediate consumption •Limited preparation for food that is hot held •Complex preparation (cook, hold, serve, cool, reheat) •no food preparation: food delivered from vendor/commissary	
I, the undersigned, attest to the accuracy of the information provided in this application.			
Print Name: _____		Signature: _____	
		Date: _____	