RETAIL FOOD PERMIT APPLICATION

CAMDEN COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
DiPiero Center, Suite #301
512 Lakeland Road
Blackwood, NJ 08012
Phone: 856-374-6052 Fax: 856-374-6211

Select Permit Type: ☐ New Establishment ☐ Change of Ownership: _____
(name of previous establishment)

Facility Information	Owner Information
Facility Name: _____	Owner Name: _____ (corporate name if necessary)
Facility Address: _____ Street	Owner Address: _____ Street
_____ NJ _____ City Zip	_____ City Zip
Facility Mailing Address (if different from street address):	Owner Email: _____
_____ Street	Point of Contact Name: _____
	Point of Contact Phone: _____
_____ City Zip	Tax ID Number: _____
Facility Phone #: _____	**Sewage and Water**: Water Source (circle one) Public Private Well; Sewage System (circle one) Public Septic System
Facility Email: _____	
CERTIFIED FOOD PROTECTION MANAGER: Name: _____ *Provide copy of certificate with this Permit (for Risk Type 3 facilities & Specialized Processes)*	**COURSE COMPLETED:** ☐ ServSafe (www.servsafe.com) ☐ Thompson Pro-Metric (www.prometric.com/foodsafety) ☐ National Registry of Food Safety Professionals (www.nrfsp.com) ☐ 360 Training (www.360training.com)
Type of Operation (circle all that apply): ●Institutional (health, childcare, adult, education) ● Full service restaurant ●Prepare foods for off-premise serving ●Grocery with commercially prepackaged goods	●Prepare foods for next day service ●Heat/serve commercially processed food ●Foods are cooked/served for immediate consumption ●Limited preparation for food that is hot held ●Complex preparation (cook, hold, serve, cool, reheat) • Sushi
Print Name of Applicant:	
Signature of Applicant:	Date:

camden county
Making It Better, Together.

Date Received: _____ Permit ID# _____ Risk Type: _____