



Office Use Only:
 Date Rec'd _____
 Date Entered _____
 Permit Issued _____

CAMDEN COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Environmental & Consumer Health Services
 DiPiero Center, Suite 301
 512 Lakeland Road
 Blackwood, NJ 08012
 Phone: 856-374-6052 Fax: 856-374-6211
[Email: bwaterson@camdencounty.com](mailto:bwaterson@camdencounty.com)

Retail Food Facility Permit Application

New Renewal _____
 (Existing Permit Number)

(Application must be submitted at least 30 days before the planned opening date)

Projected Opening Date:		Tax Identification No:	
Facility Name:			
Facility Address: no:	street	mun	zip
Facility Mailing Address (if different): no:	street	mun	zip
Facility Telephone No:	Facility Fax No:	Email:	
Applicant Name: :			
Applicant Address: no:	street	mun	zip
Applicant Telephone No.:	24 Hour Emergency No :		
Owner Name (if different from applicant): :			
Owner Address (if different from applicant):		If a corporation or partnership, give name, title and officers or partner.	
Facility Owned By:			
corporation:		Name	Title
A Corporation:			
A partnership:			
An association:			
An individual:			
Other legal entity:			
<input type="checkbox"/> For Profit <input type="checkbox"/> Non-profit			
Person Directly Responsible For Daily Operations (Owner, Person-In-Charge, Supervisor, Mgr)			
Name & Title:			
Address: no:	street	mun	zip
Telephone No:	Fax:		
Emergency Telephone No:			
District or Regional Supervisor (if applicable)			
Name & Title:			
Address: no:	street	mun	zip
Telephone No:	Fax:		



Office Use Only:
 Date Rec'd _____
 Date Entered _____
 Permit Issued _____

**Camden County Department of Health & Human Services
 Retail Food Facility Information**

Water Source: <i>(circle one)</i> Public Private Well	Sewage Disposal: <i>(circle one)</i> Public Private Septic System
Days and Hours of Operation:	No. of Food Employees:
Facility Type (Circle All that Apply): <ul style="list-style-type: none"> • Retail Grocery • Food Service – (# of Seats) • Food Service – Takeout Only • Food Service Institution (Meals per day) 	<ul style="list-style-type: none"> • Retail Prepackaged Only • Retail Bakery • Full Service Restaurant • Caterer
<ul style="list-style-type: none"> • Other :(describe) 	
FOOD OPERATION (Check All that Apply)	Definitions: PHF— potentially hazardous Non-PHF—non-potentially hazardous food
<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-PHF's <input type="checkbox"/> Sale of Commercially Pre-Packaged PHF's	<input type="checkbox"/> PHF—Cook to order – prepare, cooks and serves most products immediately. <input type="checkbox"/> Preparation of PHF's For Hot and Cold holding For Single Meal Service.
<input type="checkbox"/> Delivery of Packaged PHF's	<input type="checkbox"/> Sale of Raw Animal Foods Intended to be Prepared by consumer
<input type="checkbox"/> Preheating of Commercially Processed Foods For Service within 4 hours <input type="checkbox"/> Customer Self-Service Of Non-PHF and Non-Perishable Foods Only <input type="checkbox"/> Preparation Of Non-PHF's	<input type="checkbox"/> Hot PHF cooked or cooled or hot held for More than a Single Meal Service. <input type="checkbox"/> PHF and RTE Food Prepared For Highly Susceptible Population Facility.
<input type="checkbox"/> Retail Sale of Salvage, Out-of- Date or Reconditioned food.	<input type="checkbox"/> Use of Process Requiring A Variance And/Or HACCP Plan (including bare hand contact alternative, time as public health control) <input type="checkbox"/> Offers Raw or Undercooked Food Of Animal Origin. <input type="checkbox"/> Prepares Food/Single Meals for catered Event Or Institutional Food Service
Other <i>(describe)</i>	

I, the undersigned, attest to the accuracy of the information provided in this application.

Applicant Print Name: _____

Signature of Applicant: _____

Date _____