RETAIL FOOD PERMIT APPLICATION

<u>CAMDEN COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES</u> <u>DIVISION OF ENVIRONMENTAL HEALTH</u>

DiPiero Center, Suite #325 512 Lakeland Road Blackwood, NJ 08012

Phone: 856-374-6052 Fax: 856-374-6211 environmental.health@camdencounty.com

Select Permit Type: New Establishment	Change of Ownership:
(Plan Review Application required)	(name of previous establishment)
Facility Information	Owner Information
Facility Name/DBA: Facility Address: Street City Zip Facility Mailing Address (if different from facility address): Street	Owner Name: (Individual, corporation, etc.) Owner Address: Street City Zip Owner Email: Point of Contact Name: Point of Contact Phone:
City State Zip	Tax ID Number:
Facility Phone #: Making It Bet Facility Email:	Sewage and Water Water Source (circle one) Public Private Well Sewage System (circle one) Public Septic System
CERTIFIED FOOD PROTECTION MANAGER:	COURSE COMPLETED:
Name: Provide a copy of this certificate for Risk Type 3 facilities & Specialized Processes. Provide a copy of your planned menu to validate your risk type.	□ AAA Food Manager/AAAFoodHandler.com □ AboveTraining/StateFoodSafety □ Environmental Health Testing □ My Food Service License □ National Restaurant Association □ ServSafe Manager □ The Always Food Safe Company, LLC □ Trust20: A New Standard in Restaurant Safety □ WFSO Academy
Type of Operation (submit menu & check all that apply): Institutional (healthcare, childcare, adult, education) Full service restaurant Prepare foods for off-premise serving Grocery with commercially prepackaged goods Commissary/shared kitchen	 Heat/serve commercially processed food Foods are cooked/served for immediate consumption Limited preparation for food that is hot held Prepare foods for next day service Complex preparation (cook, hold, serve, cool, reheat) Specialized processing (sushi, canning, etc.)
Print Name of Applicant:	
Signature of Applicant:	Date:

Risk Type:_____

Date Received: _____ Permit ID#_____