

City of Plainfield



Application for License to Conduct a Food Establishment

APPLICATION MUST BE FILLED OUT COMPLETELY FOR CONSIDERATION
INCOMPLETE APPLICATION WILL NOT BE PROCESSED

Date Application Completed:
Name of Establishment:
Address of Establishment

Your Contact information:

First Name: Last Name:
Address: City: State Zip Code:
Business Telephone No.: Mobile No.:
Home Telephone No.: E-mail Address:

If the contact person is different from the applicant please fill out below.

Applicant Name and Address:

First Name: Last Name:
Address: City: State Zip Code:
Business Telephone No.: Mobile No.:
Home Telephone No.: E-mail Address:

Business Information:

Business Name:
Doing Business As Name:
Business Address:
Owner/Proprietor:
Contact Name:
Business Telephone #: Business E-mail:

Please indicate at which address you would like to have your correspondence mailed to.

Please check off the appropriate box.

- Contact address
Applicant address
Business address

PLEASE ANSWER THE FOLLOWING QUESTION FOR CONSIDERATION OF A HEALTH LICENSE:

- 1) If food or beverage is prepared on the premises please list the total tables, the seating capacity and the total square feet:

Total # of Tables _____ Total # of Seats _____ Total Square Feet _____

- 2) A separate page has been provided for you to include a drawing of the interior floor plan of the establishment. Have you attach the required drawings?

YES _____ NO _____

- 3) If food or beverages are consumed/prepared, do you have a Public Bathroom for patrons to use, without patron having to go through an Employees Only Area or Food Preparation Area?

YES _____ NO _____

- 4) How many employees are expected to handle food products in this establishment? _____

- 5) Are any employees a Certified Food Protection Manager* and obtained a Certificate?

YES _____ NO _____ If Yes, What Program issued the Certificate? _____

*Certified Food Protection Manager Program is not the same as attending a Food Handler Class

- 6) **Please provide the name, address and telephone number** of the following services:

a. Garbage Disposal Services Company Name: _____

Address: _____ Telephone #: _____

b. Grease Disposal Company Name: _____

Address: _____ Telephone #: _____

c. Licensed Pest Control Company: _____

Address: _____ Telephone #: _____

- 7) Do you have any vending machines located inside of your establishment?

YES _____ NO _____ **if yes**, how many vending machines are located at this location? _____

If you have vending machines, a separate Vending machine application must be filled out

- 8) Risk Type of Establishment? **See Description at the bottom of next page**, please check below an applicable risk type

Risk Type 1 _____ Risk Type 2 _____ Type 3 _____ Risk Type 4 _____

I agree to comply with all Ordinances of the City of Plainfield, and the laws of the State of New Jersey covering such establishments. It is further agreed that I will surrender this license if granted, to the City of Plainfield on demand for violating such Laws or Ordinance. According to the City of Plainfield Municipal Ordinance, MC-1992-25, SECTION 1:1-15(b) which states: "There shall be a late fee for failure to renew a license and pay for the required license renewal fees as described as Twenty-Five Dollars (\$25.00) for each week in which the renewal has not been completed." License fees must be paid when application is filed (No cash accepted. Checks or Money Orders Only)

All licenses are non-transferable and must be surrendered when there is a change of ownership or Business Name or Closure of the Establishment. Make check or Money order payable to the City of Plainfield

A fee of Thirty-Five Dollars (\$25.00) will be charged for any check returned for insufficient funds or any other reason.

FAILURE TO OBTAIN A SATISFACTORY RATING

THE PLAINFIELD HEALTH CODE, SECTION 1:15(d) STATES: (1) WHERE A LICENSEE'S ESTABLISHMENT HAS, AS A RESULT OF THE PLAINFIELD HEALTH DIVISION'S INITIAL INSPECTION, FAILED TO RECEIVE A RATING OF SATISFACTORY, The 1st REINSPECTION THEREAFTER SHALL REQUIRE THE LICENSEE TO PAY A FEE OF SEVENTY - FIVE DOLLARS (\$75.00), ONE HUNDRED DOLLARS (\$100.00) FOR THE 2nd REINSPECTION, AND ONE HUNDRED FIFTY (\$150.00) EACH REQUIRED RE-INSPECTION BEYOND THE 2ND REINSPECTION.

Signature of Applicant

Date of Application

Printed Name of Applicant

FOR OFFICE USE ONLY			
Payment Type (Circle One):	Check	Money Order	Cash
Amount: \$ _____			New License No: _____
Initials: _____			Date: _____

DESCRIPTION: RISK TYPE OF ESTABLISHMENT

"Risk type 1 food establishment" means any retail food establishment that:

1. Serves or sells only pre-packaged, non-potentially hazardous foods;
2. Prepares only non-potentially hazardous foods; or
3. Heats only commercially processed potentially hazardous foods for hot holding and does not cool potentially hazardous foods. Such retail establishments may include, but are not limited to, convenience store operations, hot dog carts, and coffee shops.

"Risk type 2 food establishment" means any retail food establishment that has a limited menu; and

1. Prepares, cooks, and serves most products immediately;
2. Exercises hot and cold holding of potentially hazardous foods after preparation or cooking; or
3. Limits the complex preparation of potentially hazardous foods, including the cooking, cooling, and reheating for hot holding, to two or fewer items. Such retail establishments may include, but are not limited to, retail food store operations, schools that do not serve a highly susceptible population, and quick service operations, depending on the menu and preparation procedures.

"Risk type 3 food establishment" means any retail food establishment that:

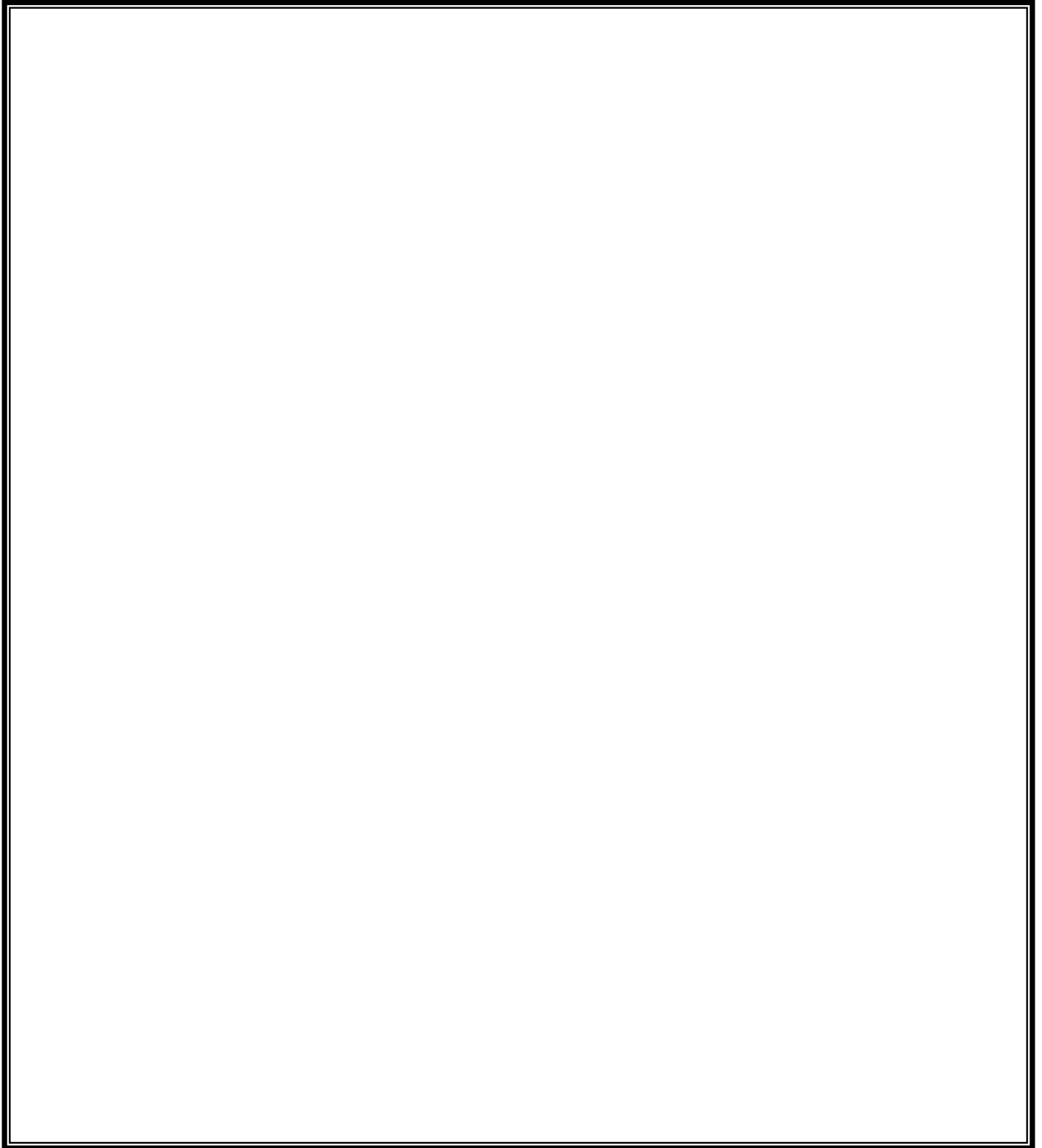
1. Has an extensive menu which requires the handling of raw ingredients; and is involved in the complex preparation of menu items that includes the cooking, cooling, and reheating of at least three or more potentially hazardous foods; or
2. Prepares and serves potentially hazardous foods including the extensive handling of raw ingredients; and whose primary service population is a highly susceptible population. Such establishments may include, but are not limited to, full service restaurants, diners, commissaries, and catering operations; or hospitals, nursing homes, and preschools preparing and serving potentially hazardous foods.

"Risk type 4 food establishment" means a retail food establishment that conducts specialized processes such as smoking, curing, canning, bottling, acidification designed to control pathogen proliferation, or any reduced oxygen packaging intended for extended shelf-life where such activities may require the assistance of a trained food technologist. Such establishments include those establishments conducting specialized processing at retail.

Name of Establishment: _____ Date: _____

Address of Establishment: _____

Floor Plan: Provide a drawing of the interior floor plan of the establishment including width, length and square feet.

A large, empty rectangular box with a double-line black border, intended for drawing the interior floor plan of the establishment. The box is currently blank.