



County of Cumberland  
 Health Department-Environmental Unit  
 309 BUCK STREET  
 MILLVILLE, NJ 08332  
 (856) 327-7602

**APPLICATION FOR FOOD SERVICE FACILITY**

ALL ITEMS MUST BE FILLED OUT.

NAME OF PROPOSED ESTABLISHMENT \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 MUNICIPALITY \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_  
 FORMER ESTABLISHMENT NAME (if applicable) \_\_\_\_\_

OWNER/CORPORATION NAME \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
 CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

TYPE OF OPERATION: RESTAURANT \_\_\_\_\_ MOBILE \_\_\_\_\_ VENDING \_\_\_\_\_  
 CATERING \_\_\_\_\_ INSTITUTION \_\_\_\_\_  
 IF MOBILE OR CATERING OPERATION LIST COMMISSARY TO BE USED \_\_\_\_\_  
 (ATTACH LETTER OF PERMISSION TO USE FACILITY AS A COMMISSARY AND A CURRENT HEALTH DEPARTMENT INSPECTION IF COMMISSARY IS OUT OF CUMBERLAND COUNTY)

SEATS \_\_\_\_\_ # EMPLOYEES \_\_\_\_\_ DAYS/HOURS OF OPERATION \_\_\_\_\_  
 SQUARE FOOTAGE OF FACILITY \_\_\_\_\_ PROPOSED DATE OF OPENING \_\_\_\_\_  
 MENU INFORMATION (Optional-attach menu) \_\_\_\_\_

WATER: CITY SUPPLY \_\_\_\_\_ NEW WELL \_\_\_\_\_ EXISTING WELL \_\_\_\_\_  
 (New well permits and construction must be approved before opening; certain water tests will be required depending on the establishment location)

SEWERAGE: CITY \_\_\_\_\_ NEW SEPTIC SYSTEM \_\_\_\_\_ EXISTING SEPTIC \_\_\_\_\_  
 (New septic system permits and construction must be approved before opening; existing septic must be approved for size, grease traps, and other features)

**EQUIPMENT REQUIREMENTS**

You are not required to have all of the equipment listed below in your facility, depending on the nature of the operation. However, you must have enough refrigeration and freezer space, for example, or hot holding units, to keep your expected inventory at acceptable temperatures (see Subchapter 3 of the code). All refrigerators and freezers must have accurate thermometers so that temperatures can be monitored. Stem-thermometers with a range of 0 -220 degrees F must be provided and used to check food temperatures. The number of hand wash sinks must be sufficient for the number of employees per shift, and must be accessible in the areas where food is prepared. Utensils, portable equipment, and dinnerware must be washed and sanitized regularly with the use of automatic dishwashers and/or three-compartment sinks, depending on your needs. Hot foods must be cooled for storage in shallow pans no deeper than four inches, or by other methods listed in section 3.2. If you have any questions, call before you submit the application to avoid having it denied.

PLEASE ATTACH A FLOOR PLAN, SHOWING DIMENSIONS OF FACILITY, IDENTIFICATION AND PLACEMENT OF EQUIPMENT, TOILET FACILITIES, AND A DESIGNATED AREA FOR EMPLOYEES' PERSONAL BELONGINGS. INCLUDE A LIST OF BUILDING MATERIALS FOR FLOORS, WALLS, AND CEILINGS.

REFRIGERATORS AND FREEZERS  
(SEE SECTIONS 3.2, 5.1(D), 5.3 (C) 6.3, 6.7, 7.1 (B))

# OF WALK-IN REFRIGERATORS \_\_\_\_\_ # OF WALK-IN FREEZERS \_\_\_\_\_  
# OF REACH-IN REFRIGERATORS \_\_\_\_\_ # OF REACH-IN FREEZERS \_\_\_\_\_  
ICE MACHINE: YES \_\_\_\_\_ NO \_\_\_\_\_ BAIN-MARIE: YES \_\_\_\_\_ NO \_\_\_\_\_ SALAD BAR: YES \_\_\_\_\_ NO \_\_\_\_\_

HOT FOOD EQUIPMENT  
(SEE SECTIONS 3.2 (B, D), 3.3 (D-G), 5.1 (I), 7.3)

STOVE: YES \_\_\_\_\_ NO \_\_\_\_\_ GRILL: YES \_\_\_\_\_ NO \_\_\_\_\_ FRYER: YES \_\_\_\_\_ NO \_\_\_\_\_  
STEAM TABLE: YES \_\_\_\_\_ NO \_\_\_\_\_ VENTILATION HOOD WITH FILTERS: YES \_\_\_\_\_ NO \_\_\_\_\_

SINKS AND DISHWASHERS  
(SEE SECTIONS 4.3 (A), 5.5, 5.6, 6.1-6.9, 7.4 (B))

HAND WASH SINKS (how many) \_\_\_\_\_ THREE COMPARTMENT SINK: YES \_\_\_\_\_ NO \_\_\_\_\_  
DISHWASHER: YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes, does it sanitize with hot water or a sanitizing chemical)  
UTILITY SINK: YES \_\_\_\_\_ NO \_\_\_\_\_ OR DRAIN WITH CURB AND FAUCET: YES \_\_\_\_\_ NO \_\_\_\_\_

GARBAGE DISPOSAL  
(SEE SECTION 6.10)

DUMPSTER: YES \_\_\_\_\_ NO \_\_\_\_\_ HOW OFTEN WILL DUMPSTER BE EMPTIED: \_\_\_\_\_  
Dumpsters must be placed on smooth, nonabsorbent surfaces and have a sewer drain or curb to contain runoff.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

FOR HEALTH DEPARTMENT USE ONLY:

DATE RECEIVED \_\_\_\_\_ DATE APPROVED \_\_\_\_\_ INSPECTOR \_\_\_\_\_  
CLASS \_\_\_\_\_ FEE PAID: YES \_\_\_\_\_ NO \_\_\_\_\_

- APPROVED
- APPROVED WITH STIPULATIONS--SEE COMMENTS
- DISAPPROVED
- CHAPTER 12 GIVEN

COMMENTS: