

Kearny Health Department
645 Kearny Avenue
Kearny, New Jersey 07032
(201)- 997-0600, Fax (201) 997-9703
Website: <http://www.kearnynj.org>
Kenneth Pincus
Director/Health Officer

KEARNY RETAIL FOOD ESTABLISHMENT APPLICATION

PLEASE CHECK AMOUNT THAT APPLIES TO YOUR BUSINESS

Food Establishments (selling under 5,000 sq. ft) ____ \$ 100.00
Food Establishments (selling area 5,000 sq. ft. +) ____ \$ 200.00
Non Profit Organizations ____ \$ 20.00

Name of Establishment: _____

Address of Establishment: _____

Business Phone: _____ Emergency Phone: _____

Owner's Name: _____

Address: _____

E-MAIL ADDRESS _____ Hours of Operation: _____

If Corporation List:

Corporation Name: _____

Registered Agent: _____

Officers: _____

Employee Information: **Number of Employees:** _____

Food Managers Certification (please include copy): _____

_____ **Date:** _____

Extermination Information: **Name:** _____ **Phone:** _____

Address: _____ **DEP License#** _____

State License Number: _____

Meats & Salads Received From:

Manufacturer: _____ **Distributor:** _____

Address: _____ **Address:** _____

Carting Company Information:

Name: _____

Address: _____

Method Of Grease/Cooking Oil Disposal: _____

Hauler Name: _____ Phone: _____

Address: _____

Does Your Facility Have A Grease Trap: Yes: _____ No: _____

Do You Have Full Kitchen Facilities: Yes: _____ No: _____

Applicant/Owners Signature: _____

Print Name: _____ Date: _____

****This Department must be notified of any change of application, exterminator, ownership, plans for renovation or any flood, fire or power outage.****

****Reminder to all stores selling tobacco: Sale to anyone under the age of 19 years of age, is strictly prohibited and will be enforced. You may receive a summons and fine for selling tobacco to anyone 18 years old or younger. ****

OFFICE USE ONLY

Signature of Inspector/Reviewed and Approved by: _____

New: _____

License # _____

Expires: _____

Renew: _____

Fee Paid _____