

**BUREAU OF ENVIRONMENTAL HEALTH
DIVISION OF HEALTH – TRENTON, NEW JERSEY**
319 E. State Street
City Hall Annex 2nd Floor

**APPLICATION FOR PERMIT
TO OPERATE A RETAIL FOOD ESTABLISHMENT**

YEAR_____

Date:_____

I, or we, the undersigned, do hereby make application for a permit to operate a retail food establishment in the City of Trenton, located at

(Address)

(Business Phone No.)

(Name of Operator)

(Name of Establishment)

In making this application I, or we, agree to comply with all the ordinances of the City of Trenton and the Laws of the State of New Jersey covering such establishments.

It is further agreed that I, or we, will surrender this permit if granted, to the Division of Health, Bureau of Environmental Health on demand.

Signed: _____

FEE:

Print Name _____

No Fee – Exempt

Home

Temporary

Address: _____

Annual Fee

Home _____

Phone: _____

Permit _____

Number: _____

Date _____

Issued: _____

Inspected _____

Permit _____

Recommendations _____

Fee: _____

Date _____

Received: _____

Sanitary Inspector _____