



THE TOWNSHIP OF BRIDGEWATER

100 COMMONS WAY / BRIDGEWATER, NJ 08807

908/725-6300/FAX 908/707-1235

TDD 908/725-6300/908/722-4111

To All Licensed Retail Food Establishments,

A food safety certification is a requirement for operating a retail food establishment in the Township of Bridgewater. **When sending in your renewal, please include a copy of a current food safety certificate for a current employee. Your license will not be issue without this documentation.**

The food safety certificate required is depended on the Risk Type of your establishment.

Chapter 94 of the Bridgewater Township Code States that no person shall conduct, maintain or operate a public eating establishment in the Township of Bridgewater who does not successfully complete a course in food handling. Every food establishment in Bridgewater must have a person in charge with a least a basic food safety certification. All Risk Type 1 and 2 establishments must comply with this requirement.

Chapter 24 of the State Code requires that a least one person in charge at a Risk Type 3 or higher establishment be a certified food protection manager. The most popular training to meet this requirement in the ServSafe course and certification, however other acceptable accredited food safety certificate programs can be found through the State Department of Health and Senior Services Food and Drug Safety Programs by calling 609-588-3123. If you have any questions about the Risk Type Classification of you Establishment, please, call the Health Division at 908-725-6300. If you have additional questions about this requirement, or feel your establishment may be eligible for a waiver of the food safety course requirement, please, call 908-725-6300 # 5205.

Thank you.

Bridgewater Township Health Division



APPLICATION TO OPERATE A RETAIL FOOD ESTABLISHMENT IN BRIDGEWATER TOWNSHIP

Please fill out this application form below for your retail food establishment license.

FEE NON-REFUNDABLE

ESTABLISHMENT TRADE NAME _____ DATE _____

Please indicate below which address you would prefer that we mail your license:

OWNER INFORMATION:

Name _____

Address _____

Telephone _____ Email _____

ESTABLISHMENT INFORMATION:

Street Address _____

Mailing Address _____

Phone _____ After Hours Emergency Phone _____

Fax _____ Manager or Person in Charge _____

Seating Capacity _____ Food Handler's Certificate Submitted _____ Fee Submitted _____

I, _____, hereby apply for a license to operate a retail food establishment and agree to comply with, and abide by, all the provisions of Chapter 24 of the New Jersey Sanitary Code and all local codes regulating retail food establishments.

SIGNED _____

PLEASE MAKE CHECK PAYABLE TO "BRIDGEWATER TOWNSHIP"

For Office Use Only:

Date Received: _____

Form of Payment: Cash _____ Check# _____

Received by: _____



**APPLICATION TO OPERATE A RETAIL FOOD ESTABLISHMENT
IN BRIDGEWATER TOWNSHIP
RETAIL FOOD ESTABLISHMENT FEES:**

School cafeteria: none

Church and nonprofit organization: none

Catering: \$50

Mobile food establishment: \$50

Mobile food establishment, frozen dessert: \$25

Cocktail lounge, tavern, bar or nightclub: \$100

Deli: \$100

Grocery store: \$100

Meat, fish and/or poultry market and butcher shop: \$100

Frozen dessert (manufacturing or retail): \$100

Child Care, Restaurant, or Industrial feeding:

One to 50 seating capacity: \$100

Fifty-one and over: \$200

Retail bakery: \$100

Day camp: \$50

Nursing home for the aged: \$100

Public swimming pool: \$100

Supermarket: \$200

For Office Use Only:

Date Received: _____

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This letter is to inform you that we are enclosing along with your Food Application Renewal Form, a form to fill out regarding your grease trap. If you have an existing grease trap, please indicate the size, location and the company that is maintaining your grease trap. During your annual Routine Chapter 24 Retail Food Inspection, I will be inspecting your grease trap to verify it's being maintained and is functioning properly. The fee for this inspection is \$50.00 made payable to the Township of Bridgewater. You can submit this payment at the time of renewal of your food license. If I find that your grease trap is not in compliance, you will be charged an additional \$100.00 reinspection fee. Additionally, 3 times per year you will be required to submit receipts from the company servicing your grease trap. The dates for submittal are April 30, August 31 and December 31. Please submit your April 30 receipt to me as soon as possible. If you have been maintaining the grease trap yourself, please note that this is not permitted. You must hire a company and provide documentation. If you have any questions please feel to contact me: pparker@bridgewaternj.gov (908)725-6300 # 5205.

Thank you,

Patty Timko-Parker

Registered Environmental Health Specialist

Township of Bridgewater Division of Health.



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NAME OF ESTABLISHMENT	SIZE OF GREASE TRAP	LOCATION OF GREASE TRAP	COMPANY THAT MAINTAINS GREASE TRAP