



## THE TOWNSHIP OF BRIDGEWATER

100 COMMONS WAY/BRIDGEWATER NJ 08807  
908/725-6300/ FAX 908/707-1235  
TDD 908/725-6300/ 908/722-4111

**Reminder:** Please, you are required to pay a **\$50 grease trap** inspection fee yearly. When submitting payment for the renewal of your food license please remember to include the **\$50** grease trap inspection fee. Additionally, you will be required to submit receipts and an inspection report from the company servicing your grease trap 3 times per year. **The dates for submittal are April 30, August 31, and December 31.** If you have any questions, please feel free to contact me:

**Reminder:** Please, be advised that your Food Manager's **Safety Certificate** (ServSafe or other recognized organization) on file with us has expired. Please, submit a valid Food Manager's license immediately. Failure to provide a valid food manager's license is in violation of Ch. 24 Retail Food Code and can result in a **summons**.

**Reminder:** You are expected to renew your license every year by the expiration date. Failure to do so will result in the issuing of a **summons**.

**Reminder:** Please, when filling out the application for any application for a license from the Bridgewater Division of Health that you complete the entire form including **mailing address for which you want the license to be mailed to and also email for which you want an email communication sent.**

Thank you,

**Patty Timko-Parker** [pparker@bridgewaternj.gov](mailto:pparker@bridgewaternj.gov) (908) 725-6300 #5205.

**Registered Environmental Health Specialist**

**Township of Bridgewater Division of Health.**



**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 \_\_\_\_\_

Seating Capacity \_\_\_\_\_ Food Handler's Certificate Submitted \_\_\_\_\_ Fee Submitted \_\_\_\_\_

Fax \_\_\_\_\_ Manager or Person in Charge \_\_\_\_\_

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.  
HEALTH DIVISION.”**

***For Office Use Only:***

Date Received: \_\_\_\_\_ Form of payment: cash \_\_\_\_\_ check# \_\_\_\_\_

Received by: \_\_\_\_\_



**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

**Industrial Feeding or Restaurant or Childcare**

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

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Received by: \_\_\_\_\_