

Bernards Township Health Department
Retail Food Establishment Plan Review Application

Name of Food Establishment: _____

Address of Food Establishment: _____

Phone Number at Food Establishment: _____

Owner's Name: _____

Owner's Address: _____

Owner's Phone Number: _____

Contractor Name/Address/Phone: _____

Brief Description of Food Establishment Type _____

PLEASE NOTE: The fee required for the Retail Food Establishment Plan Review is the same as, and in addition to, the Food License fee as listed on the corresponding Food License Application for the appropriate class. This information is available at 908-204-3071.

_____ **Fees paid**

_____ **Plans submitted**

_____ **Pre-planning meeting scheduled (if necessary)**



Bernards Township HEALTH Department
262 South Finley Avenue
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www.bernardshealth.org

Contractual Health Agency for:
Bernards Township
Bernardsville Borough
Chester Borough
Long Hill Township
Mendham Borough
Peapack and Gladstone Borough