



Sharon Robinson-Briggs
MAYOR

CITY OF PLAINFIELD

DEPARTMENT OF ADMINISTRATION, FINANCE, HEALTH
AND SOCIAL SERVICES
DIVISION OF HEALTH
510 WATCHUNG AVENUE
PLAINFIELD, NEW JERSEY 07060



Alfred R. Restaino
DIRECTOR

Dear Licensee:

As a new year approaches it is once again time to renew your retail food license which will be expiring February 1st. Accordingly, attached please find a Retail Food Application which you are required to complete and return by January 31st.

Please be advised that the City has amended the fee schedule for business licenses and other services. Please contact the Health Division at the telephone number listed below to receive a copy of this schedule. Due to this amendment the application has been revised and will require additional information such as:

1. The number of tables and/or seats;
2. Total square footage of the establishment;
3. The number restrooms available to the public;
4. The number of vending machines on the premises; and
5. You are required to provide an interior sketch of the business.

Please note that schools, churches and child day care centers are exempt from all of the above requirements except for listing the number of vending machines.

According to the Plainfield Municipal Ordinance, #MC-1992-25, any application not received by February 1st will be subject to a weekly late fee of Twenty-Five Dollars (\$25.00) however, the City will extend a grace period of submission deadline to February 28th. Payment should be in the form of check or money order and either mailed or hand delivered to:

City of Plainfield
Health Division
510 Watchung Avenue, 2nd Floor
Plainfield, NJ 07060

On behalf of the Health Division I would like to wish you a happy, health and prosperous year. Should you have any questions or require additional information the Health Division is open week days from 9:00 AM to 5:00 PM and we can be contacted at (908) 753-3092.

Sincerely,
The Health Division

City of Plainfield



Application for License to Conduct a Food Establishment

APPLICATION MUST BE FILLED OUT COMPLETELY FOR CONSIDERATION

Date Application Completed: _____

Name of Establishment: _____

Address: _____

Type of License: Food _____ One Day/Special Event _____ Mobile _____

Owner/Proprietor: _____

Owner Address: _____

Home Telephone No.: _____ Business Telephone No.: _____

E-mail Address: _____

1. If food or beverage is prepared on the premises please list the total tables, the seating capacity and the total square feet:

Total # of Tables _____ Total # of Seats _____ Total Square Feet _____

2. A separate page has been provided for you to include a drawing of the interior floor plan of the establishment. Have you attach the required drawings?

YES _____ NO _____

3. If food or beverages are consumed/prepared, do you have a Public Bathroom for patrons to use, without patron having to go through an Employees Only Area or Food Preparation Area?

YES _____ NO _____

4. List the number of employees that handle food products in this establishment:

5. Does this establishment have anyone who has become a Certified Food Protection Manager and obtained a Certificate? (Note: Certified Food Protection Manager Program is not the same as a Food Handler Class)

YES _____ NO _____

If Yes, What Program issues the Certificate? _____

6. Please provide the name, address and telephone number of the Garbage Disposal Services

7. Please provide the name, address and telephone number of the Licensed Pest Control Company

8. Please provide the name, address and telephone number of the Grease Disposal Company (If Applicable)

9. Do you have any vending machines located inside of your establishment?

YES _____ NO _____

If yes, how many vending machines are located at this location? _____

I agree to comply with all Ordinances of the City of Plainfield, and the laws of the State of New Jersey covering such establishments. It is further agreed that I will surrender this license if granted, to the City of Plainfield on demand for violating such Laws or Ordinance. According to the City of Plainfield Municipal Ordinance, MC-1992-25, SECTION 1:1-15(b) which states: "There shall be a late fee for failure to renew a license and pay for the required license renewal fees as described as Twenty-Five Dollars (\$25.00) for each week in which the renewal has not been completed." License fees must be paid when application is filed. No cash accepted. Only checks or Money Orders are accepted. All licenses are non-transferable and must be surrendered when there is a change of ownership or Business Name or closure of the Establishment. Make check or Money order payable to the City of Plainfield

A fee of Thirty-Five Dollars (\$35.00) will be charged for any check returned for insufficient funds or any other reason.

IMPORTANT NOTICE AS OF THE 2010-11 LICENSE YEAR

THE PLAINFIELD HEALTH CODE, SECTION 1:15(d) STATES: (1) WHERE A LICENSEE'S ESTABLISHMENT HAS, AS A RESULT OF THE PLAINFIELD HEALTH DIVISION'S INITIAL INSPECTION, FAILED TO RECEIVE A RATING OF SATISFACTORY, The 1st REINSPECTION THEREAFTER SHALL REQUIRE THE LICENSEE TO PAY A FEE OF SIXTY DOLLARS (\$60.00), NINETY DOLLARS (\$90.00) FOR THE 2nd REINSPECTION, AND ONE HUNDRED FIFTY (\$150.00) EACH REQUIRED RE-INSPECTION BEYOND THE 2ND REINSPECTION.

Signature of Applicant

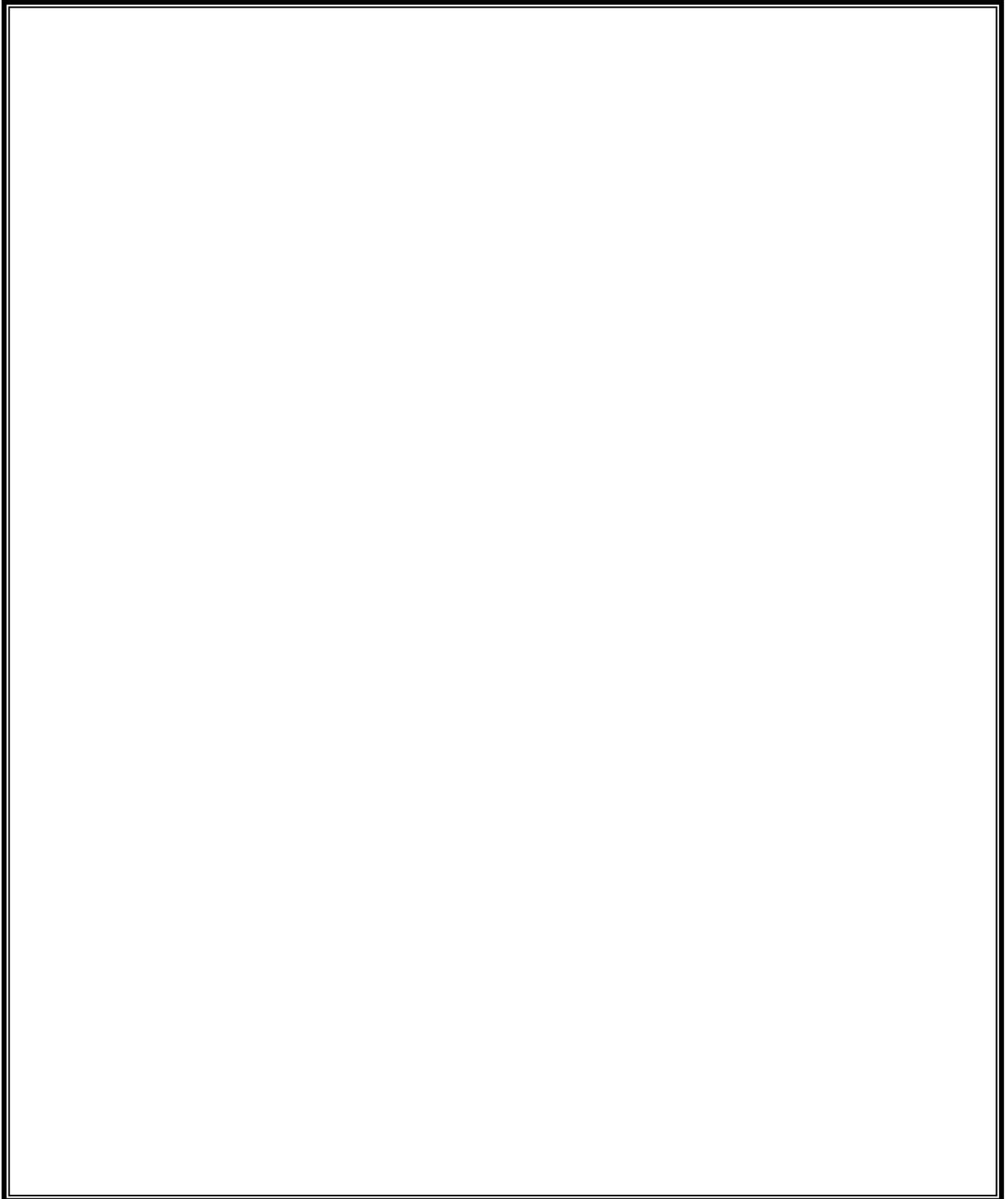
Date

Printed Name of Applicant

FOR OFFICE USE ONLY:	
Payment Type: Check: _____	Money Order _____
Amount: \$ _____	New License No. _____
Initials: _____	Date: _____

Name of Establishment: _____ Date: _____

Please use this to area to provide a drawing of the interior floor plan of the establishment including width, length and square feet.

A large, empty rectangular box with a double-line black border, intended for drawing the interior floor plan of an establishment. The box is currently blank.