



# CITY OF PLAINFIELD

DIVISION OF HEALTH  
510 WATCHUNG AVENUE  
PLAINFIELD, NEW JERSEY 07060  
(908) 753-3092 – FAX ( 908) 753-3679



**Adrian O. Mapp**  
*Mayor*

**Dr. Atif Nazir**  
*Health Officer*

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.
6. All contact information to include an email address if one exists.
7. The completed drawing outlining the square footage, the number of tables and seats.

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,

Dr. Atif Nazir, DVM, MS, CMS  
Health Officer

**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 of Establishment \_\_\_\_\_

Type of License: Retail/Food \_\_\_\_\_ One Day/Special Event \_\_\_\_\_ Mobile \_\_\_\_\_

Owner/Proprietor: \_\_\_\_\_

Owner Home Address: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_ Business Telephone No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTION FOR CONSDERATION OF A HEALTH LICENSE:**

- 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) How many employees are expected to handle food products in this establishment? \_\_\_\_\_

- 5) Are any employees a Certified Food Protection Manager\* and obtained a Certificate?

YES \_\_\_\_\_ NO \_\_\_\_\_ If Yes, What Program issued the Certificate? \_\_\_\_\_

\*Certified Food Protection Manager Program is not the same as attending a Food Handler Class

6) Please provide the name, address and telephone number of the following services:

- a. Garbage Disposal Services? \_\_\_\_\_
- b. Grease Disposal Company? \_\_\_\_\_
- c. Licensed Pest Control Company? \_\_\_\_\_

7) Do you have any vending machines located inside of your establishment?

YES \_\_\_\_\_ NO \_\_\_\_\_ if yes, how many vending machines are located at this location? \_\_\_\_\_

8) Risk Type of Establishment? See Below Description below an check applicable risk type

Risk Type 1 \_\_\_\_\_ Risk Type 2 \_\_\_\_\_ Type 3 \_\_\_\_\_ Risk Type 4 \_\_\_\_\_

***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. Checks or Money Orders Only)***

***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.

FAILURE TO OBTAIN A SATISFACTORY RATING

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 SEVENTY - FIVE DOLLARS (\$75.00), ONE HUNDRED DOLLARS (\$100.00) FOR THE 2nd REINSPECTION, AND ONE HUNDRED FIFTY (\$150.00) EACH REQUIRED RE-INSPECTION BEYOND THE 2ND REINSPECTION.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

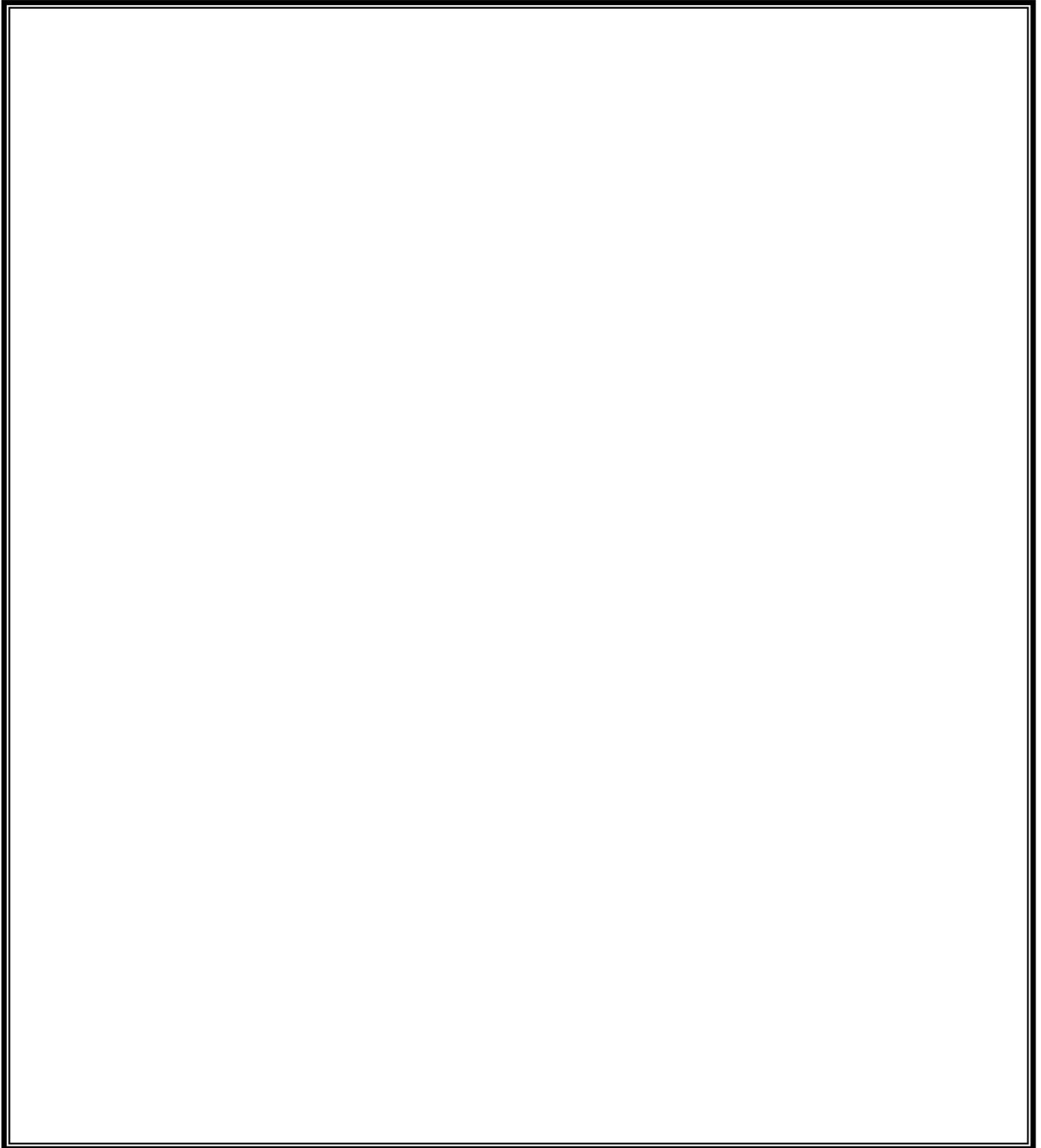
\_\_\_\_\_  
Printed Name of Applicant

<b>FOR OFFICE USE ONLY</b>	
Check: _____	Money Order: _____
Amount: \$ _____	New License No: _____

Name of Establishment: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Floor Plan: Provide a drawing of the interior floor plan of the establishment including width, length and square feet.



## ***DESCRIPTION: RISK TYPE OF ESTABLISHMENT***

**"Risk type 1 food establishment"** means any retail food establishment that:

1. Serves or sells only pre-packaged, non-potentially hazardous foods;
2. Prepares only non-potentially hazardous foods; or
3. Heats only commercially processed, potentially hazardous foods for hot holding and does not cool potentially hazardous foods. Such retail establishments may include, but are not limited to, convenience store operations, hot dog carts, and coffee shops.

**"Risk type 2 food establishment"** means any retail food establishment that has a limited menu; and

1. Prepares, cooks, and serves most products immediately;
2. Exercises hot and cold holding of potentially hazardous foods after preparation or cooking; or
3. Limits the complex preparation of potentially hazardous foods, including the cooking, cooling, and reheating for hot holding, to two or fewer items. Such retail establishments may include, but are not limited to, retail food store operations, schools that do not serve a highly susceptible population, and quick service operations, depending on the menu and preparation procedures.

**"Risk type 3 food establishment"** means any retail food establishment that:

1. Has an extensive menu which requires the handling of raw ingredients; and is involved in the complex preparation of menu items that includes the cooking, cooling, and reheating of at least three or more potentially hazardous foods; or
2. Prepares and serves potentially hazardous foods including the extensive handling of raw ingredients; and whose primary service population is a highly susceptible population. Such establishments may include, but are not limited to, full service restaurants, diners, commissaries, and catering operations; or hospitals, nursing homes, and preschools preparing and serving potentially hazardous foods.

**"Risk type 4 food establishment"** means a retail food establishment that conducts specialized processes such as smoking, curing, canning, bottling, acidification designed to control pathogen proliferation, or any reduced oxygen packaging intended for extended shelf-life where such activities may require the assistance of a trained food technologist. Such establishments include those establishments conducting specialized processing at retail.