

Important Information for Food License Applicants

Application Checklist

Return all items to ensure your application is processed in a timely manner.

- Completed and signed Food Establishment License Application
- Payment (Checks made payable to the Borough of Madison). Fee Schedule listed below.
- Copy of Current ServSafe Certificate (Risk Level 3 & 4 only)
- Food Establishment Removal of Refuse Agreement

Food Establishment Fee Schedule

Retail Food Class 1 (under 2,000 sq. ft.)	\$145
Retail Food Class 2 (2,000 - 4,999 sq. ft.)	\$200
Retail Food Class 3 (5,000 - 10,000 sq. ft.)	\$225
Retail Food Class 4 (over 10,000 sq. ft.)	\$750
Temporary (Event) Food Establishment	\$45
Mobile Food Establishment	\$150
Farmers Market	\$40
Pharmacy or Package Goods Only	\$80

“Food Establishment” may mean restaurant, food market, pharmacy, tavern, liquor store, nursing home, daycare facility, nursery school, other school or university, church, non-profit entity or other business or facility where food is sold, prepared or distributed either at that location or another location.



Borough of Madison
Civic Center
28 Walnut Street
Madison, NJ 07940

Department of Health
o: 973-593-3079
e: healthdept@rosenet.org
w: rosenet.org

Food Establishment License Application

Establishment

Name: _____ Phone: _____

Address: _____

Email: _____

Business Owner

Name: _____

Address: _____

Email: _____ Phone: _____

Manager

Name: _____

Email: _____ Phone: _____

License Information

Class: 1 2 3 4 Mobile Temp Risk: 1 2
 Farmers Market Catering Pharmacy/Package Goods 3 4

Describe food products being prepared: _____

For Risk Type 3 & 4 Establishments

Does at least one current staff member have an approved managerial certificate, such as ServSafe?
 Yes No

Name of Staff Member: _____ Expiration Date: _____

Please include a copy of the current certificate with your renewal application.

Sale of Tobacco and/or Vaping Products

Does this establishment sell tobacco/vaping products?
 Yes No

Certifications

In consideration of such license, I hereby agree at all times to conduct the said premises in conformance with purpose, intent and provisions of the Food Handling Establishments Title 8, Chapter 24 of the New Jersey Administrative Code; as well as Chapter 209 of the Borough of Madison and other applicable ordinances of the Madison Board of Health, the amendments and supplements thereto, other ordinances of the municipality and statutory laws of the State of New Jersey relating to the conduct of such business.

I certify any grease trap or inceptor, if applicable, (per Chapter 155-9 & 10) has been maintained & cleaned on a regular basis and the establishment has maintained records of such. I further certify, the above establishment has a contract agreement for the collection or removal of all refuse, garbage and recyclables from property.

No license shall be transferable. A license may be suspended or revoked by the Board of Health upon violation of the purpose, intent and provisions of codes, laws and/or ordinances as listed above or that are otherwise applicable.

Signature of Owner or Manager Listed Above _____ Date _____

Office Use Only

License # _____ MHD Approved _____ Date _____ Fee Paid _____



Borough of Madison
Civic Center
28 Walnut Street
Madison, NJ 07940

Department of Health
o: 973-593-3079
e: healthdept@rosenet.org
w: rosenet.org

Food Establishment Removal of Refuse Agreement Form

Return this sheet with your food establishment license application or renewal.

Establishment

Name: _____

Phone: _____

Address: _____

I, the undersigned, certify that the above listed establishment has a current and valid agreement with the vendor listed below for the collection or removal of all refuse, garbage and recyclables from the establishment and/or property. This service will be maintained during the licensing year and I will notify the Madison Health Department of any change in service provider. I also agree that, the collection or removal of all these materials will occur often enough so that these materials will not cause a health hazard or as otherwise directed by the Madison Health Department.

Waste Disposal / Refuse Company

Company: _____

Address: _____

Email: _____

Phone: _____

Signature

Signature of Owner or Manager

Date

