



**TOWNSHIP of HOPEWELL**  
MERCER COUNTY  
**DEPARTMENT OF HEALTH**

201 Washington Crossing Pennington Road  
Titusville, New Jersey 08560-1410

Phone: 609.737.0120 Fax: 609-737-6836 www.hopewelltp.org



**Public Health**  
Prevent. Promote. Protect.

## APPLICATION FOR RETAIL FOOD LICENSE

### Borough of Pennington

#### FACILITY INFORMATION (please PRINT clearly)

Name of Establishment		Phone	
Street Address		Fax	
City, State, Zip		Email	

#### OWNER INFORMATION (please PRINT clearly)

Name of Establishment		Phone	
Street Address		Fax	
City, State, Zip		Email	

**Required Documentation:** The following must be included with application (when applicable) or your license will not be issued:

- ☐ Copy of Manager(s) Food-Safety Training Certificate    ☐ Grease Trap Cleaning Log or Receipts

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**Fee Schedule:** (make checks payable to *Borough of Pennington*)

- |                                                                                                       |          |
|-------------------------------------------------------------------------------------------------------|----------|
| <input type="checkbox"/> Facilities Preparing Food with seating capacity – 1 to 24                    | \$200.00 |
| <input type="checkbox"/> Facilities Preparing Food with seating capacity – 25 & over                  | \$225.00 |
| <input type="checkbox"/> Facilities selling only Pre-Packaged Foods (Pharmacies, Liquor Stores, etc.) | \$75.00  |
| <input type="checkbox"/> Mobile Food Vendor                                                           | \$75.00  |
| <input type="checkbox"/> Non-Profit Organizations                                                     | \$30.00  |
| <input type="checkbox"/> Vending machine, per machine                                                 | \$15.00  |

I/We hereby make application for a license to operate a Retail Food Establishment and agree to conduct the business in compliance with the Laws of the State of New Jersey and the Ordinances of the Borough of Pennington in the County of Mercer and regulations of the Board of Health of said Municipality. I hereby certify all information provided is truthful, under penalty of law.

\_\_\_\_\_  
Signature of Owner or Legal Agent

\_\_\_\_\_  
Date

**FOR HEALTH DEPARTMENT USE ONLY**

License #: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Issued: \_\_\_\_\_

**Return Form & Fee to:**  
**Borough of Pennington**  
**30 North Main Street**  
**Pennington, NJ 08534**