



You couldn't pick a better place.

Mayor
Susan Shin Angulo

Patti Chacker
Township Clerk
Registrar of Vital Statistics

RETAIL/WHOLESALE FOOD LICENSE FOOD VENDING MACHINE LICENSE (NON-TRANSFERABLE)

INSTRUCTIONS

1. This application applies to restaurants, establishments selling pre-packaged food, and establishments selling or providing food, including food courts, mobile food units and medical and day care facilities that serve food.

Please read the instructions before completing the application.

2. The license application consists of five parts:

- Part 1: Application – General Information
- Part 2: Annual Retail/Wholesale Food License Fees
 - Mobile Food Retail Units
 - Incidental Use
 - Hotels, Motels Not Having Seats
 - Retail Establishments Having Seats
 - Retail Establishments Not Having Seats
 - Medical/quasi Medical
 - Day Care Centers
 - Shared Seating
- Part 3: Event License and Fees
 - Township/Non-Profit Sponsored Event

Part 4: Certification

Part 5: Food and Beverage Coin-Operated Vending Machine License and Fees

3. Complete Parts 1 through 5 and check all applicable categories and fees.
4. Please retain a copy of your completed application for your records
5. REMIT THE TOTAL FEE FOR ALL CATEGORIES WITH YOUR APPLICATION. MAKE CHECK PAYABLE TO THE TOWNSHIP OF CHERRY HILL.

APPLICATION FOR RETAIL/WHOLESALE FOOD LICENSE

(NON-TRANSFERABLE)

YEAR _____ (May 1 through April 30)

APPLICATIONS AND FEES ARE DUE MAY 1 OF THE APPLICATION YEAR

Check One:

Initial Application _____

Change Owner _____

Annual Renewal _____

Total Remitted \$ _____

PART 1

1. TRADING NAME OF ESTABLISHMENT: _____
CORPORATE NAME (if different): _____

2. LOCATION OF ESTABLISHMENT: _____

MAILING ADDRESS (if different): _____

PHONE: _____ FAX: _____ EMAIL: _____

3. NAME(S) OF THE OWNER(S) [Person, Corporation, Partnership, etc.]: _____

ADDRESS: _____

PHONE: _____ FAX: _____

E-MAIL _____

4. TYPE OF FOOD ESTABLISHMENT or VENDOR: _____

5. MOST RECENT INSPECTION DATE (if applicable): _____

INSPECTOR'S NAME: _____

RATING: _____

6. CERTIFICATION OF FOOD SERVICE PERSON (mandatory every two years)

Name of Certified

Employee: _____

Date of Certification: _____

DO NOT COMPLETE – FOR OFFICE USE ONLY BLOCK _____ LOT _____

LICENSE NUMBER: _____ CODE NO. _____

TYPE OF BUSINESS: _____

CHECK ISSUED BY: _____

AMOUNT OF CHECK: _____ RECEIPT NO. _____ CHECK NO. _____

PERTINENT CATEGORIES (Description of Business) _____

FEE RECEIVED BY: _____ ORDINANCE REFERENCE: _____

ANNUAL RETAIL/WHOLESALE FOOD LICENSE FEES

PART 2

7. Fees (Complete all that apply; fill in blanks/total where applicable)

- a. **MOBILE FOOD RETAIL UNITS** (including but not limited to: lunch trucks, ice cream trucks, hot dog, carts, or any carts selling food/drink; and any residential food delivery trucks)

Fee: \$100.00/unit

_____ Number of sites x \$100.00 = \$ _____

- b. **INCIDENTAL USE:** For retail establishments selling pre-package food or drink, for off-premises consumption, from an area that occupies less than 100 square feet of retail floor space, provided that such sales are incidental to the primary use of the property.

Fee: \$100.00/per site

_____ Number of sites x \$100.00 = \$ _____

- c. **HOTELS/MOTELS NOT HAVING SEATS:** For hotels, motels and other temporary residential-type establishments, without seating, that supply food to their guests, including but not limited to, "in room" food continental breakfasts and/or buffets.

Fee: \$100.00/site

_____ Number of Sites x \$100.00 = \$ _____

- d. **RETAIL ESTABLISHMENTS HAVING SEATS (RESTAURANTS):** For retail establishments supplying food and having seats for patrons, including restaurants, bars and any other establishment supplying food for on site consumption:

1.) Fee: For up to twenty (20) seats: \$250.00 \$ _____

2.) Additional Fees: For each seat above twenty (20): \$2.00/seat

_____ Seats above twenty @ \$2.00/seat \$ _____

- e. **RETAIL OR WHOLESALE ESTABLISHMENT NOT HAVING SEATS:** For retail and/or wholesale establishments that sell food products, including but not limited to: supermarkets, grocery stores, drug stores, catering facilities, wholesale food distribution establishments and general merchandise stores. The fees shall be determined by square footage of food sales area:

TOTAL SQUARE FOOTAGE OF FOOD SALES AREA: _____

FEES:

(1) Less than 1,000 square feet: \$250.00 \$ _____

(2) 1,000 square feet to 3,999 square feet: \$400.00 \$ _____

(3) 4,000 square feet and over: \$800.00 \$ _____

- f. **MEDICAL/QUASI MEDICAL:** For medical or quasi-medicated establishments including nursing homes, assisted living facilities, medical facilities and hospitals that provide food.

Fee: \$300.00/site \$ _____

- g. **DAY CARE CENTERS:** For child day care or adult day care centers that provide food.

Fee: \$100.00/site \$ _____

- h. **SHARED SEATING:** For a retail food establishment sharing seating with food establishments, including but not limited to units in a food court or food kiosks.

Fee: \$250.00/unit

_____ Number of Units x \$250.00 = \$ _____

TOTAL ANNUAL RETAIL/WHOLESALE FOOD LICENSE FEES
(Total of a – h above) \$ _____

LATE FEE: Applications for renewal submitted after May 1.
Additional Fee: \$50.00 \$ _____

Event licenses are for specifically identified particular events. These fees are separate and apart from any annual retail food license fee as described above:

EVENT LICENSE AND FEES

PART 3

Event licenses are for specifically identified particular events. These fees are separate and apart from any annual food license fee as described above.

a. FOR A FOOD VENDOR AT A TOWNSHIP OR NON-PROFIT ORGANIZATION SPONSORED EVENT.

Note: this fee shall be in addition to any fees or licenses required under Chapter I, Article XXI, Section 2-44 of Ordinance 95-36, as amended.

Fee: \$25.00/day
_____ Number of days x \$25.00 \$ _____

DATE OF EVENT: _____

CERTIFICATION

PART 4

The undersigned hereby certifies that the information on this application is true and in compliance with Cherry Hill Township Ordinance 95-36, as amended. The undersigned further certifies that "Our establishment will comply with the full provisions of the New Jersey State Codes, Chapter 12 and the New Jersey State Statutes as well as all applicable Federal, State and Local Laws." The undersigned or designee also certifies that Cherry Hill Township, Division of Licensing and Vital Statistics will be notified of:

1. Any change of ownership.
2. Any change to the facilities.
3. Any change or expansion of business other than originally approved.
4. Termination of employment of the certified food handler.
5. Cessation of the food handling business.

APPLICANT: _____ **TITLE:** _____

(Owner, manager, registered agent)

ADDRESS: _____

PHONE: _____ **FAX:** _____

SIGNED: _____ DATED: _____

FOOD AND BEVERAGE COIN-OPERATED VENDING MACHINE APPLICATION

(NON-TRANSFERABLE)

PART 5

1. TRADING NAME OF VENDING MACHINE COMPANY: _____
CORPORATE NAME (if different): _____

2. LOCATION OF VENDING MACHINE COMPANY: _____
MAILING ADDRESS (if different): _____

3. NAME(S) OF THE OWNER(S) [Person, Corporation, Partnership, etc.]

ADDRESS: _____

PHONE: _____ FAX: _____

4. TYPE OF VENDING MACHINE(S): _____

5. WHERE MACHINES ARE REPAIRED RENOVATED OR REFURBISHED:

(Name of establishment)

6. WHERE FOOD AND BEVERAGE SUPPLIES ARE STORED AND/OR PREPARED:

7. PROPOSED LOCATION OF VENDING MACHINE(S):

<u>NO. OF MACHINES</u>	<u>TYPE</u>	<u>LOCATION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use a separate sheet for additional locations)

<u>PRODUCT(S) TO BE DISPENSED</u>	<u>HIGHEST VENDING PRICE PER MACHINE</u>	<u>TOTAL NUMBER OF MACHINES</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use a separate sheet for additional locations)

8. FEES: ALL MACHINES ARE \$35.00 EACH

Total Number of Machines _____ x\$35.00 = _____

(Total Fee Due)

The undersigned hereby certifies that the information on this application is true and in compliance with Cherry Hill Township Ordinance 95-36, as amended. The undersigned further certifies that "Our establishment will comply with the full provisions of the New Jersey State Codes, Chapter 12 and the New Jersey State Statutes as well as all applicable Federal, State and Local Laws." The undersigned or designee also certifies that Cherry Hill Township, Division of Licensing and Vital Statistics will be notified of:

1. Any change of ownership.
2. Any change to the facilities.
3. Any change or expansion of business other than originally approved.
4. Termination of employment of the certified food handler.
5. Cessation of the food handling business.

APPLICANT: _____ TITLE: _____

(Owner, manager, registered agent)

ADDRESS: _____

PHONE: _____ FAX: _____

SIGNED: _____ DATED: _____

Note: Please keep a duplicate of your completed application for your records.