

WARREN COUNTY HEALTH DEPARTMENT

700 Oxford Ave.
Oxford, NJ 07863
Telephone (908) 475-7960
Fax (908) 475-7964



FEE: \$75.00 Check or MO Payable to "WC Treasurer"	
Check/MO #	_____
Receipt #	_____
Date Paid	_____
Bus ID/App #	_____

CHANGE OF OWNER FOOD ESTABLISHMENT REVIEW APPLICATION

Food Establishment:

Name _____

Location Address _____
(Street Address) (Municipality)

Was this location previously a food establishment? Yes/No

If Yes, what was its name? _____

Establishment Mailing Address _____

Telephone #s _____ E-Mail _____

Applicant:

Name _____

Mailing Address _____

Telephone #s _____ E-Mail _____

Person Directly Responsible for the Food Establishment:

Name _____ Title _____

Mailing Address _____

Telephone #s _____ E-Mail _____

Warren County Health Department Use Only	
<input type="checkbox"/> APPROVED – Permit Restrictions _____	_____
<input type="checkbox"/> DISAPPROVED – Reason(s) for Disapproval _____	_____
Reviewed by _____	_____
(Name and Title)	
Signature _____	Date _____

- Stationary OR Mobile
- Permanent OR Temporary
- Prepares, offers for sale, or serves potentially hazardous food:
 - Only to order upon a consumer's request
 - In advance in quantities based on projected consumer demand and discards food that is not sold or served at an approved frequency
 - Using time as the public health control as specified in N.J.A.C. 8:24-3.5(g)
- Prepares potentially hazardous food in advance using a food preparation method that involves two or more steps which may include combining potentially hazardous ingredients; cooking; cooling; reheating; hot or cold holding; freezing; or thawing
- Prepares food as specified above for delivery to and consumption at a location off the premises of food establishment where it is prepared
- Prepares food as specified above for service to a highly susceptible population
- Prepares only food that is not potentially hazardous
- Does not prepare, but offers for sale only prepackaged food that is not potentially hazardous

REQUIRED ATTACHMENTS

- 1) A COPY OF THE PROPOSED MENU**
- 2) "ATTACHMENT A" REGARDING FOOD PREPARATION**
- 3) SPECIFICATIONS FOR ANY NEW FOOD EQUIPMENT PURCHASED**
(i.e. manufacturer cut sheets)
- 4) A COMMISARY CERTIFICATE (If Applicable)**

The information provided above is accurate to the best of my knowledge.

The food establishment listed above will comply with NJAC 8:24 Sanitation in Retail Food Establishments and Food and Beverage Vending Machines.

The Warren County Health Department will be allowed access to the food establishment named above and to all records pertaining to the food operation.

Signature of Applicant _____ **Date** _____

"ATTACHMENT A"

FOOD PREPARATION

List Each Food Item and Its Preparation Procedures

FOOD	THAW How? Where?	CUT/WASH/ ASSEMBLE How? Where?	COLD HOLDING How? Where?	COOK How? Where?	COOLING How? Where?	REHEATING How? Where?	DELIVERY TO THE MFE How?