

Food Handler's Instructions

December 1st – November 30th

1. Applicant submits:
 - a. Food Handler's application
 - b. \$50.00
 - c. Tourism application & \$20.00
 - d. Satisfactory Certificate from Health Dept.

2. Photocopy Satisfactory Certificate, attach to Food Handler's application

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

John G. Ducey, Mayor

Township Council:

Paul Mummolo - President
Marianna Pontoriero - Vice President
Lisa Crate
Heather deJong
Jim Fozman
Arthur Halloran
Andrea Zapcic



Office of the Municipal Clerk

Lynnette A. Iannarone, RMC, CMR
Municipal Clerk
(732) 262-1002
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Jessica L. Larney, RMC, CMR
Assistant Municipal Clerk
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APPLICATION FOR FOOD HANDLERS LICENSE December 1, 2016 to November 30, 2017

License Fee: \$50.00

License #: _____

Satisfactory Certificate from Ocean County Health Dept. (dated within the last year) attached? _____

The undersigned (individual) (agent) authorized to act on behalf of:

(Name of Establishment)

hereby makes application for permission to operate a (**CIRCLE ONE**): Restaurant * Mobile Food Truck*
Concession Stand * Food Store, within the municipal limits of the Township of Brick, and specifically at:

(Address of Business)

(Mailing Address, if different)

Size & description of premises: _____

Number of toilet facilities for patrons: _____
Male Female

Manner & method of sanitizing utensils: _____

Are any rooms forming part of the premise used for living or sleeping quarters? _____

If so, describe: _____

Are lockers provided for employee's clothing? _____

Number of Employees: _____ Number of Lockers: _____

Are signs posted in toilets requiring employees to wash hands after use of toilet? _____

Are containers provided for soiled linens, coats & aprons? _____

Are walls, ceilings, shelving, partitions and doors surfaced with a washable material? _____

Are running hot & cold water, under pressure, available on the premises to be licensed in all rooms in which food is prepared or utensils are washed? _____

Are hand washing facilities, including hot & cold running water, sanitary towels or air hand-drying facilities provided in lavatories for patrons? _____

Are proper containers provided for garbage, refuse, trash and other waste? _____

Are utensils, show and display cases, windows, counters, shelves, tables, refrigerating equipment, sinks, and other equipment so constructed as to be easily cleaned? _____

Are the items listed in #12 kept in good repair and clean and free from dust, dirt, insects, chemicals or other contaminating matter? _____

Are perishable food and drink (cold) kept at temperatures of below 45 degrees Fahrenheit and (hot) food above 165 degrees Fahrenheit? _____

If license is refused for other than misstatement of fact, application fee shall be returned.

I, _____, do hereby certify that the foregoing answers

(MANAGER, PLEASE PRINT)

are true, complete and accurate. I am aware that in the event of any willful misstatement of fact on this application, that any license so issued in reliance thereon is subject to revocation without refund.

SIGNATURE

PHONE NUMBER: HOME & BUSINESS

OWNER'S NAME & HOME ADDRESS
(PLEASE PRINT)

DATE ISSUED