



# Township of West Milford

## Department of Health

1480 Union Valley Road, West Milford, NJ 07480-1303  
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[Health@westmilford.org](mailto:Health@westmilford.org)

## RETAIL FOOD ESTABLISHMENT RENEWAL APPLICATION

For the period **JULY 1, 20\_\_** to **JUNE 30, 20\_\_**

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Establishment Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Days & Hours of Operation \_\_\_\_\_

Operator Name: \_\_\_\_\_

Email Address of Operator: \_\_\_\_\_

Risk Type 3

Establishments: \_\_\_\_\_

Name of certified food protection manager / Title  
(copy of certificate must be attached)

**LICENSE RENEWAL FEE of \$ \_\_\_\_\_ is due prior to June 30, 20\_\_.**

(Nonprofit \$40.00, Prepackaged \$40.00, Risk Type 1 \$105.00, Risk Type 2 \$160.00, Risk Type 3 & 4 \$250.00)

**Make checks payable to: West Milford Township**

*As per the Code of the Township of West Milford Chapter 163-2: It shall be unlawful for any person to conduct a retail food establishment without complying with all the provisions of the retail food establishment provisions of the State Sanitary Code as set forth in N.J.A.C. 8:24-1.1 et seq.*

Operator's signature: \_\_\_\_\_ Date: \_\_\_\_\_