



STEP BY STEP PROCEDURES FOR OPENING A RETAIL FOOD SERVICE FACILITY

1. Applicant must apply to Burlington County Health Department (BCHD) using the application below
2. Applicant must apply to the township for all necessary permits (including, but not limited to zoning, construction, plumbing, fire, electrical, etc.). Township permits may not be released to start construction until BCHD architectural approval letter is received.
3. BCHD inspectors have 30 business days to review the application and respond accordingly
4. Once the application is approved, an architectural approval letter is sent to the applicant and to the township- this letter allows township permits to be released & construction can begin
5. Once construction is complete, applicant must reach out to the township and schedule their necessary inspections, as well reaching out to BCHD for a pre-opening inspection. Notice of 3-5 business days is required to schedule the pre-opening- at this point, no more construction can take place & the facility is fully set up with all equipment installed
6. A written report and placard will be issued at the pre-opening inspection. The applicant must go to the township to apply for a food handlers permit & certificate of occupancy (if applicable)
7. Approximately 4-12 weeks after the pre-opening, an annual inspection takes place by a BCHD inspector

EXPLANATION OF DOCUMENTS REQUIRED

1. **HACCP Plan**: May not be required for every plan review- this is determined once the application is reviewed (required for special processes like sous vide/vacuum sealing, sushi rice, etc.)
2. **Food Protection Managers Certificate (FPMC)**: Required for risk level 3 establishments. Also required for risk level 2 establishments in towns with ordinances (towns with ordinances requiring FPMC include: Beverly, Chesterfield, Cinnaminson, Evesham, Lumberton, Maple Shade, Moorestown, Palmyra, Pemberton Borough, Southampton and Westampton) Risk level will be determined during plan review. (*FPMC provider list available upon request*)
3. **Proposed Employee Health and Hygiene Policy**: Including instructions for proper handwashing and glove usage, restrictions for sick employees, smoking eating and drinking, work attire, jewelry & artificial nail, and nail polish, etc.
4. **Proposed Menu**: Anticipated volume of food to be stored, prepared, served and sold- including weight, or amount of food items to be ready for a day's use. Anticipated volume of food to be cooled down must be submitted, including cool down procedure. Cool down procedure must include what pieces of equipment are being used to cool down potentially hazardous foods. Cooling methods can be found in NJAC 8:24 – 3.5 (e). Specifically, the Food Code states that “cooked potentially hazardous food (foods that require time-temperature control to keep them safe for consumption) should be cooled “rapidly,” i.e., from 135°F to 70°F in 2 hours or less and then from 70°F to 41°F in 4 additional hours.”
5. **Floor Plan of Facility**: A clearly labeled layout of facility with dimensions of the following:
 - *Three compartment sinks and/or commercial dish machine/ glasswasher(s) (with air drying location)
 - *Handwashing sinks in prep area(s)
 - *Food prep sink
 - *A utility sink or a curbed mop sink
 - *Refrigeration units (bain marie, stand up fridge, walk in fridge, etc.- with thermometers inside)
 - *Freezer units (walk in, stand up freezer, reach in freezer, etc.)
 - *Cooking equipment (stove, fryers, grill, etc.) with exhaust hood_(to be inspected by fire inspector)
 - *Prep tables- describe surface area
 - *Hot water heater
 - Dry storage & receiving area
 - Employee break/locker area
 - Employee and/or public restroom
6. **Manufacturer's Specification Sheets**: To be submitted for all pieces of equipment being utilized in establishment- including all equipment with asterisks (*) noted above)- as well as prep tables, blenders, juicers, slicers, bone saws, meat grinders, soft serve ice cream machine, etc.
7. **Type of Finishing Materials**: For floors, walls, ceilings & work surfaces (must be smooth, durable, easily cleanable and non-absorbent)



APPLICATION FOR RETAIL FOOD SERVICE FACILITY

Name of Establishment: _____ Phone: _____

Establishment Address: _____

Municipality/Zip Code: _____ E-mail: _____

Applicant's Name:		Authorized Agent (if applicable):	
Address:		Address:	
Phone:	Fax:	Phone:	Fax:
E-mail:		E-mail:	

FACILITY INFORMATION:

Status: _____ New _____ Alteration

Type of Service: _____ Eat-in _____ Take-Out Only _____ Other (describe) _____

Hours of Operation: _____

Potable Water System: _____ Public _____ Well Water (Water Test: ___ Coliform ___ Nitrate)

Sewage Disposal System: _____ Public _____ Septic System (Review & approval required by Septic Division)

Trash Removal System: _____ Company _____ Dumpster _____ Other (describe) _____

Surface of Trash Area: _____ Asphalt _____ Concrete

Grease Removal Hauler: (Company Name, Address, Phone #) _____

THE FOLLOWING DOCUMENTATION IS REQUIRED TO PROCESS THIS APPLICATION:

_____ **HACCP Plan:** To be submitted for specialized processing as specified in N.J.A.C 8:24- 9.1d, e

_____ **Food Protection Managers Certificate:** ANSI accredited exams: ServSafe, NRFSP, Prometric, 360Training.com, StateFoodSafety.com, Always Food Safe Co.)

_____ **Proposed Employee Health and Hygiene Policy:** Policy for proper handwashing/ glove usage, sick employee restriction, work attire, hair restraints, smoking, eating, gum chewing, etc.

_____ **Proposed Menu:** Anticipated volume of food to be stored, prepared, cooled down, sold or served

***Must provide cooling procedure for all items being prepared and cooled*

_____ **Floor Plan of Facility:** Clearly labeled depicting the location of the following:

[] All equipment being utilized- with dimensions indicated

[] Plumbing location of hand sinks, three compartment sink with drain boards and air drying location, dish machine, food prep sink, ice machine, mop sink (indirect plumbing connections where needed)

[] Location of restrooms, employee locker areas, storage and receiving areas

_____ **Manufacturer's Specification Sheets:** For equipment being utilized

***Low temperature dish machine shall be equipped with a device that indicates audibly or visually when more chemical sanitizer needs to be added*

_____ **Type of Finishing Material:** For floors, walls, ceilings and work surfaces and lighting information

Application Fee: _____ **New: \$100.00 (One Hundred Dollars)** _____ **Alteration: \$75.00 (Seventy Five Dollars)**

(Payable to the County of Burlington) NON Profit Organizations- Fee Waived

Signature of Applicant: _____

Date: _____

FOR OFFICE USE ONLY

Inspector: _____ Date Received: _____

Manager FSPC Twp. Ordinance: ___ Yes ___ No Date Completed: _____

Septic Division review & approval: ___ Yes ___ N/A Establishment Risk Type (1-4): _____

Food Safety:

	# of Items Being Cooled	Adequate Refrigeration/Storage- yes/no	HACCP Needed/ Completed
Menu			

Building Finishing Materials:

	Food Prep	Storage	Restrooms	Ware washing Area	Dining/Patron
Floors					
Walls					
Ceilings					

Plumbing:

	Yes, No, N/A	Adequate #	Indirect Drain Connection- yes or n/a	Low temp dish machine alarm- yes or n/a
Hand sinks				
Food prep sink				
3 compartment sink				
Ice machine				
Utility/mop sink				
Dish machine/ Glasswasher				

NOTE: Splashguards where appropriate

____ APPROVED ____ APPROVED WITH STIPULATIONS ____ DISAPPROVED

STIPULATIONS:
