

Leonia Health Department Retail Foods License Supplemental Form- MUST BE FILLED OUT AND RETURNED TO OBTAIN LICENSE!

Name of Establishment: _____

Address: _____

Phone Number: _____

Emergency Contact Email Address: _____

Emergency Contact Phone Number: _____

Name and Title of Contact: _____

Suppliers of food and addresses (please include top three suppliers): (Must keep most current two weeks of receipts on file for inspectors review upon inspection)

Name and address of company cleaning exhaust/grease hood :(Must keep receipts from latest two cleanings on file for review by inspector upon inspection)

Frequency of cleaning: _____

Name and address of pest Control Company (Must keep all receipts from current year on file for inspectors review upon inspection):

Frequency of treatments: _____

Name and address of company cleaning grease trap:

(Must keep receipts from latest two cleanings on file for review by inspector upon inspection)
IMPORTANT- If you clean your own grease trap you will be required to open it for inspection upon inspectors request

Frequency of cleaning: _____

Name and address of grease hauler: _____

Name and address of garbage hauler: _____

RETURN THIS FORM COMPLETED ENTIRELY WITH REQUESTED DOCUMENTATION OR IT WILL BE SENT BACK TO YOU FOR COMPLETION AND YOU WILL NOT OBTAIN YOUR LICENSE. ANY APPLICABLE LATE FEES OR SUMMONSES FOR FAILURE TO LICENSE WILL APPLY

IMPORTANT: MUST INCLUDE COPIES OF ALL CURRENT FOOD MANAGERS AND/OR FOOD HANDLERS CERTIFICATION!

You Must Send the Completed form and requested documents in order to receive your license for 2022:

Establishment Name: _____

Name of Owner: _____

Fee: _____

