

NOTE: THIS DOCUMENT AND APPLICATION ARE FOR STATIONARY ALSO KNOWN AS BRICK AND MORTAR RETAIL FOOD STORES LOCATED IN CLARK, NJ.

IF YOU ARE A MOBILE FOOD TRUCK **OR** ARE APPLYING FOR A TEMPORARY EVENT SUCH AS THE JULY 4TH FIREWORKS, UNICO ITALIAN FEAST ETC. **DO NOT** USE THIS FORM.

NOTE: ANYTHING IN BOLD AND/OR UNDERLINED IN THIS LETTER IS IMPORTANT!

Dear Retail Food Establishment Owner/Operator:

The annual Retail Food Establishment license applications is available on line. The website is www.ourclark.com. Once there, click on Government, scroll to Departments, scroll down and click on Health. Once on the health page, you will see 3 different retail food applications: 1. Annual retail food establishments, 2. Temporary/seasonal mobile retail food establishments and 3. Temporary special events (July 4th fireworks, Unico Feast) applications. You can then print the application, forms, guidance material, maintenance logs, emergency procedures for power outages, floods, grease trap requirements, etc. **Please familiarize yourself with the Clark website as going forward all retail food health information will be listed there.**

How to reach the Health Department:

Nancy Raymond, Health Officer office # 732-428-8405. Email: health@ourclark.com.

David DeRosa, Assistant Health Officer/REHS office # 732-388-3600 ext. 3006. Email DDerosa@ourclark.com

Office fax: 732-388-2490

My mail drawer is located in **room 18** in the Municipal Building. When you enter the office, look to your right. You will see a blue drawer/basket with a picture of a black cat and a pumpkin. That is my drawer.

David's mail box is located in the third row down , third box in blue mail boxes in room 18. His name is on the front of the box.

DO NOT LEAVE ANYTHING ON THE COUNTER.

Just a few reminders:

1. Your inspection is based on question, answer, you or your employees' demonstration of food safety principles and the direct observations of you and your employee's food handling techniques.
2. Please advise and educate your employees that it is ok to speak with me and answer my questions. I've repeatedly been told employees are afraid or intimidated. That excuse is not acceptable. There is no reason an employee should feel intimidated by a simple question like "Where do you wash your hands? "Explain to me how you clean equipment and utensils"?.
3. Grease traps reports are due quarterly (March, June, September and December). A 10-day grace period has been added. Please be sure you are using the correct and most updated forms. Updated forms are on the Clark website.

Please be sure the grease trap form is completed in its entirety. Every line must be filled out and supporting documentation submitted. The forms should be filled out by the retail food establishment owner and/or operator. If you entrust this reporting to someone else and it is incorrect, incomplete or late, the store will be assessed a penalty of up to \$1,000.00 for non-compliance. Penalties and fines will not be waived. We will not be calling, emailing, mailing, or conducting a site visit to remind you that your report is late. Summonses for non-compliance will be issued after the 10-day grace period.

4. Please be diligent with outside vendors (for example, exterminators, grease trap vendors, etc.). Please make sure they are providing the services for which you are paying. Remember, insufficient receipts, non-functional equipment, empty rodent bait stations etc. will reflect non-compliance on your part. **Your exterminator should be leaving you a detailed receipt indicating the date of service, type and amount of chemical used, where the chemicals were applied and any special areas of concern.** If you are not happy with the service provided to you, you have the right to find another vendor.
5. It is your responsibility to make sure your food manager certification (FMC) is current. **Copies of your FMC must be submitted with your renewal application. Anyone operating with an expired FMC will be issued a summons for non-compliance.**
6. **** Please share your food safety knowledge with your staff as I will be asking them inspection questions. *****

7. Effective immediately, any retail food establishment that saves leftover food or cooks and then cools down food and who does not have an accurate food cool down log on site and/or the proper testing/monitoring equipment at the time of their inspection, will have said food items embargoed and /or destroyed and will be prohibited from conducting such operations. That means food will have to be cooked daily, discarded at the end of each day and made fresh each day.
8. As per my memorandum dated August 2020, please remember to have your written COVID employee/facility plan available during the inspection.
9. You must immediately report a fire, sewage back up, loss of electricity and/or loss of water to the Clark Health Department.

Thank you for your cooperation.

Sincerely,

Nancy Raymond
Health Officer

FEE SCHEDULE

Retail establishments regardless of size or food product sold
And mobile food vendors- \$275.00 per location.

Vending machine licenses are \$275.00 per location.

Outside vendors for Township
and non-Township
sponsored special events \$275.00/vendor

Late fee after February 1st add \$100.00 to
\$275.00 for a total of \$375.00

430 WESTFIELD AVE. ROOM 18
CLARK, NJ 07066
732-428-8405 Fax: 732-388-2490
Email: Health@ourclark.com
RETAIL FOOD ESTABLISHMENT APPLICATION

NAME OF ESTABLISHMENT: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

STORE TELE. #: _____ FAX#: _____

EMAIL ** REQUIRED _____

OWNER/OPERATOR'S NAME: _____

HOME ADDRESS: _____

CITY/STATE/ZIP CODE: _____

DAYTIME TELE. #: _____

EVENING TELE. #: _____

NAME OF EMERGENCY CONTACT: _____

TELE.#. OF EMERGENCY CONTACT: _____

NAME/ADDRESS/TELE. # OF EXTERMINATOR: _____

NAME/ADDRESS/TELE. # OF GARBAGE HAULER: _____

HOW OFTEN IS GARBAGE PICKED UP? _____

HOW OFTEN IS CARDBOARD PICKED UP? _____

DO YOU HAVE A COMMERCIAL DISHWASHER? _____ IF YES, IS SANITIZATION
ACHIEVED BY CHEMICAL MEANS? _____ OR HOT WATER? _____. IF BY
CHEMICAL MEANS, LIST THE NAME AND SANITIZING AGENT IN THE CHEMICAL
(I.E. CHLORNE, IODINE, And QUATERNARY AMONIA):
_____. IF BY HOT WATER, WHAT IS THE MAXIMUM
TEMPERATURE THE UNIT REACHES? _____.

DO YOU HAVE A THREE COMPARTMENT SINK? _____ LIST THE NAME AND
SANITIZING AGENT IN THE CHEMICAL (I.E. CHLORINE, IODINE, And
QUATERNARY AMONIA): _____

NAME (S) OF PIC (PERSON IN CHARGE):

Submit copies of all food

manager certifications

REC'D _____ CK#/CASH _____ AMOUNT: **\$275.00** LIC# _____

