

TOWNSHIP OF MOUNT OLIVE

HEALTH DEPARTMENT

Revised: 2/6/2024

COMMISSARY AGREEMENT

A commissary is an approved location, usually a food establishment, where food is stored, prepared, portioned, or packaged for service elsewhere. A commissary may also be used to service and store food vehicles or carts. Once our office approves of this commissary agreement, you may not use a different facility for food preparation and storage without the written approval of Mount Olive Township Health Department.

Persons wishing to operate within the Township of Mount Olive must submit this form for review (check one):

- ☐ A mobile unit or push cart; or
- ☐ A temporary food establishment requiring off-site or advanced food preparation; or
- ☐ A temporary food establishment lasting two days or more; or
- ☐ A farmer's market food vendor or processor stand; or
- ☐ A catering business

The owner or person in charge of the approved food establishment or commissary must complete the following information:

Commissary Owner Information	Commissary Owner Information
Facility Name:	Facility Name:
Contact Name:	Contact Name:
Address:	Address:
City ,State, Zip:	City ,State, Zip:
Phone Number:	Phone Number:
Email Address:	Email Address:

Round trip mileage from commissary kitchen to service location and back: _____ Miles.

Afterhours accessibility – key provided to commissary user? ☐ Yes ☐ No

Commissary tasks (mark all that apply):

- ☐ Cooking foods ☐ Potable water re-supply ☐ Hot Holding foods ☐ Wastewater disposal
- ☐ Raw Meat/Seafood Prep ☐ Cleaning of utensils ☐ Vegetable / Ready to Eat Food Prep
- ☐ Restroom Available ☐ Other Food preparation (trimming, assembly, re-portioning)
- ☐ Dry Goods Food storage (i.e. shelving for dry goods)
- ☐ Refrigerated Food storage (i.e. walk-in cooler, sandwich prep cooler)
- ☐ Cooling of hot foods (If yes, which method: ☐ shallow pan or ☐ ice bath)
- ☐ Other:

I grant permission for _____ to use my facility for the tasks indicated above. This agreement is voided immediately if the commissary owner or user sells or closes his/her business.

Commissary operator signature _____

Date _____

Commissary user signature _____

Date _____

Please attach the most recent sanitary inspection report for commissary being utilized. Incomplete Commissary Agreements will not be approved.

Mailing Address:
PO Box 450
Budd Lake, NJ 07828
Phone: (973) 691-0900
Fax: 973-691-7681

Physical Address:
204 Flanders-Drakestown Rd.
Budd Lake, NJ 07828

MOUNT OLIVE TOWNSHIP HEALTH DEPARTMENT 204 Flanders-Drakestown Rd. Budd Lake, NJ 07828 Phone: (973) 691-0900 Fax: (973) 691-7681 		Office Use Only License # _____ Date Received _____ Risk Type _____ Select License Type <input type="checkbox"/> New Establishment <input type="checkbox"/> License Renewal <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Mobile Food Vendor	
RETAIL FOOD HANDLING LICENSE APPLICATION		OWNER INFORMATION	
Facility Information		<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Single Proprietor <input type="checkbox"/> Association <input type="checkbox"/> Other Legal Entity _____	
Establishment Name: _____		Corporate/Owner Name: _____	
Establishment Location: _____ no. street		Names (Owner, Corp. Officer, Partners, etc.)	
City NJ zip		Title:	
Facility Mailing Address (if different from location): _____			
Establishment Phone #: _____		Food Handlers Certification Information	
Fax#: _____		Your Risk Classification is: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Owner Name: _____		All Risk 3 and 4 Establishments must submit a copy of a current Food Safety Certification to the Health Department for your designated Person in Charge (PIC).	
Owner Address: _____ No Street City Zip		Course Completed: <input type="checkbox"/> ServSafe(www.servsafe.com) <input type="checkbox"/> National Registry of Food Safety Professionals(www.nrfsp.com) <input type="checkbox"/> Other/ State, Health Department Approved- Provide Name _____	
Owner Phone # _____		Name of Certified Food Handler (PIC): _____	
Emergency # _____		Certification Exp Date: _____	
Name/Title of person responsible for daily operations: _____			
Current/Proposed Menu attached to application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Email Address(Required): _____ *In an effort to become more environmentally conscious the Mt. Olive Health Department will issue retail food inspections via email. Please provide the desired destination for future reports. Paper copies will be made available upon request.* Please Print legibly			
FEES: Retail Business (Application fees are determined by the square footage of the establishment) •Pre-packaged Foods \$100.00 •Less than 2,000 sq feet \$200.00 •2,000sq - 4,999sq feet \$400.00 •Over 5,000 sq feet \$600.00 Mobile Units \$125.00 Complimentary \$1.00			
Applications and checks made payable to MT OLIVE TOWNSHIP may be mailed or hand delivered to: Mount Olive Township Health Department PO Box 450 Budd Lake, NJ 07828			