

JEFFREY L. PIERSON
Freeholder

CAPE MAY COUNTY DEPARTMENT of HEALTH

4 Moore Road
Cape May Court House, N.J. 08210-1601
(609)465-1209 after hours (609) 465-1190
Fax: (609) 465-6564



KEVIN L. THOMAS, M.A.
Health Officer
Public Health Coordinator

ALOYSIUS ONWUKA, M.D.
Medical Director

Requirements for Opening a Retail Food Establishment

- A **Retail Food Establishment Application** shall be completed and returned to the Cape May County Department of Health. In addition to the application, the proposed menu, drawing or plan of the facility layout (see below) and \$100 application fee shall be submitted. (There is no fee for non-profit organizations.)
- New construction or renovations to existing facilities require a full set of architectural plans to be submitted for review. Plans shall include all lighting, ventilation, plumbing and equipment layouts. All equipment shall be clearly labeled. Equipment specifications may be requested.
- Existing (turnkey) facilities may submit hand drawn plans, however, scale and proportions should be as close as possible.
- Plan submittals shall be in accordance with NJ's Food Code, NJAC 8:24 – Sanitation in Retail Food Establishments (Chapter 24). The Code may be obtained from this Department or accessed online at: http://www.state.nj.us/health/ceohs/documents/food-drug-safety/chapter24_effective_1207.pdf
- The submitted information will be reviewed within 14 days by a Registered Environmental Health Specialist (REHS). Once reviewed, a letter will be issued to the applicant indicating whether the application was approved. Any deficiencies will be included in this letter.
 - The Construction Office of the municipality in which the establishment is located will also receive a copy (new construction/renovations only). This letter is required prior to construction permits being issued.
- A preoperational inspection is required for all establishments (new construction/renovation or changes in ownership) prior to opening to the public. At least one week's notice shall be given for this inspection. All equipment shall be turned on (refrigeration, freezers, dishwasher) and necessary supplies on site at this time. See the last page of application for checklist of items required for the preoperational inspection.
 - If all requirements are met, the facility will receive a report at the conclusion of the preoperational inspection stating that the establishment is approved to open. This report shall be provided to the municipality for issuance of a mercantile license (if applicable).
- Approximately one month after opening, an unannounced, routine inspection is conducted by the REHS and on a routine basis thereafter.
- Completed applications and accompanying documents can be mailed to the address below:

Cape May County Department of Health
Environmental Services Division
4 Moore Rd. DN 601
Cape May Court House, NJ 08210

Checks for \$100 application fee can be mailed along with documentation. Please make checks payable to County of Cape May.

- Documentation may also be dropped off in person at the Department of Health. Please note the physical address of the building is 6 Moore Rd. in Cape May Court House. In-person payments of cash, credit and checks are accepted by the Billing Department located on the first floor.
- Questions regarding the application process should be directed to (609) 465-1209. Applicants may request a meeting at the Department for further assistance with the process, if needed.

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RETAIL FOOD ESTABLISHMENT APPLICATION

Application Type: New Construction/ Renovation ___ Existing Establishment (No Changes) ___

FACILITY INFORMATION

Facility Name (DBA): _____

Facility Address: _____

City/State/Zip: _____

Municipality: _____ Contact Person: _____

Facility Phone Number: _____ Fax Number: _____

Former Establishment Name (if applicable): _____

OWNER INFORMATION

Owner/Corporation Name: _____

Operator Name (If different than above): _____

Operator's Home Mailing Address: _____

City/State/Zip: _____

Owner's Phone Number: _____

Owner's Email: _____

Please list all other establishments in Cape May County under the same ownership: _____

ESTABLISHMENT DETAILS

Days of Operation: _____ Hours of Operation: _____

Seating Capacity: 0-25 ___ 26-100 ___ More than 100 ___

Year-Round ___ Seasonal (6 months or less) ___ Proposed Date of Opening _____

Will establishment be used as a base of operations for any other food businesses? Yes ___ No ___

Please list name of operation: _____

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Facility type: (select one)

<input type="checkbox"/> Agricultural Market / Produce	<input type="checkbox"/> Meat, Poultry Market
<input type="checkbox"/> Bar / Liquor Store	<input type="checkbox"/> Mobile Food Establishment (Frozen Dessert)
<input type="checkbox"/> School Cafeteria	<input type="checkbox"/> Mobile Food Establishment (Other)
<input type="checkbox"/> Hospital	<input type="checkbox"/> Retail Frozen Dessert Manufacturing
<input type="checkbox"/> Catering Kitchen	<input type="checkbox"/> Retail Manufacturing (Other)
<input type="checkbox"/> Church/Non-Profit/Private Org	<input type="checkbox"/> Retail Bakery
<input type="checkbox"/> Tavern Or Night Club	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Fish Market	<input type="checkbox"/> Supermarket
<input type="checkbox"/> Specialty Store	<input type="checkbox"/> Luncheonette /Snack Bar / Pizza
<input type="checkbox"/> Delicatessen	<input type="checkbox"/> Bed & Breakfast Guest House
<input type="checkbox"/> Day Care Center	<input type="checkbox"/> Nursing Home
<input type="checkbox"/> Grocery Store	<input type="checkbox"/> Pharmacies
<input type="checkbox"/> Bar / Restaurant	<input type="checkbox"/> Brewery / Winery / Distillery
<input type="checkbox"/> State / County Facility	<input type="checkbox"/> Coffee Shop
<input type="checkbox"/> Other (Please Specify)	

EQUIPMENT FOR TEMPERATURE CONTROL

Food shall be stored at proper temperatures to prevent possible growth of harmful microorganisms. Equipment will vary depending on the type of operation and volume of food being served. While not all of the equipment below is required, establishment must have sufficient equipment to maintain proper temperatures. *Please indicate how many of each are present in the facility.

Cold Holding	Cooking	Hot Holding	Cooling
Walk-in refrigerator _____	Oven _____	Oven _____	Ice machine _____
Reach-in refrigerator _____	Fryer _____	Steam table _____	Cooling Wands _____
Walk-in freezer _____	Stove _____	Warmer _____	Blast chiller _____
Reach-in freezer _____	Grill _____	Heated cabinet _____	Walkin ref/freezer _____
Cold pan refrigerator _____	Wok _____	Heat lamps _____	Shallow pans _____
Salad Bar _____	Steamer _____	Other _____	Ice Baths _____
Other _____	Microwave _____	Other _____	Other _____
Other _____	Other _____	*Hot foods shall be held at 135 deg F or above during service.	*Hot foods are required to be rapidly cooled from 135 deg F to 70 deg F within 2 hours and 70 deg F to 41 deg F within 4 hours. Total cooldown time cannot exceed 6 hours.
*Refrigeration temperatures shall maintain 41 deg F or below. Frozen foods shall be maintained frozen.	<p><u>Raw Animal Food</u> <u>Temp</u></p> <p>Fish, pork, meat 145 deg / 15 sec</p> <p>Eggs – immediate service</p> <p>Ground beef/pork/poultry 155 deg F 15 sec</p> <p>Eggs – Hot holding</p> <p>Poultry, stuffed foods 165 deg F/15 sec</p>		

MENU REVIEW

Please list the menu items that will be hot held during service: _____

Of these foods, please list which will be made in advance and cooled prior to use: _____

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SINKS

Hand washing sinks shall be located in each distinct areas of food preparation or bar. Hand washing sinks shall not be used for any other purpose. A three-compartment sink is required in all establishments to clean and sanitize food-contact equipment. Each bar area shall also contain a three-compartment sink. A utility (mop) sink or curbed floor drain is required for disposal of wastewater. Commercial dishwashers and food prep sinks may be necessary based on operation but are not required.

of Hand Sinks _____ Hot water heater capacity (gal.) _____ Prep sink – Yes _____ No _____

of Three-compartment Sinks _____ Are three-comp. sinks equipped with drain boards? Yes _____ No** _____
(*If there are no drain boards, there must be adequate storage space for soiled and clean equipment in this area, ie racks, tables)

Dishwasher – Yes _____ No _____ *PLEASE NOTE: Residential dishwashers not permitted in retail establishments.

If yes – List make/model - Low temp/Chemical _____
High temperature _____

Mop sink type – Utility sink _____ Curbed floor drain with hot/cold water _____

REFUSE / RECYCLING

Garbage Dumpster: Yes _____ No _____ Hauler Name: _____

How often will dumpster be emptied: _____

Recycling Dumpster: Yes _____ No _____ Hauler Name: _____

Type – (Check all that apply) Metal _____ Plastic _____ Paper _____ Cardboard _____

Cooking Oil/Grease Used: Yes _____ No _____ Hauler Name: _____

Grease Trap: Yes _____ No _____

WATER/SEWERAGE

Water (Select One): City Supplied _____ New Well _____ Existing Well _____

*New wells shall be permitted and constructed prior to opening. Applicable well testing shall also be conducted. Existing wells are required to have a passing bacteria test within the past quarter and every quarter thereafter. Nitrates shall be tested every three years.

Sewerage (Select One): City _____ New Septic System _____ Existing Septic System _____

*New septic systems require permitting and approval prior to opening; existing septic systems must be reviewed for size, grease traps and other features. Changes to facility seating or use may require an expansion of system.)

FINISHING MATERIALS

	Food Prep Area	Warewashing Area	Rest rooms	Storage
Floors				
Walls				
Ceiling				

THE FOLLOWING DOCUMENTATION IS REQUIRED TO PROCESS THIS APPLICATION:

___ Proposed menu

___ A clearly labeled floor plan of facility depicting location of all equipment. Plan shall also include all plumbing fixtures including hand wash sinks, three-compartment sinks, utility sink and prep sinks (if applicable). Location of rest rooms and storage areas as well as finishing materials for floors, walls and ceilings shall also be indicated. (Equipment specifications may be requested.)

___ Water testing records (wells only – bacteria tested quarterly and nitrates tested once every 3 years)

___ Food Protection Manager’s Certification (Risk 3 Facilities Only) and proposed program of employee food safety training. (Risk 3 Establishments are facilities that cook, cool and reheat for hot holding 3 or more menu items. Category also includes those facilities handling raw foods for service to highly susceptible populations, such as nursing homes.)

___ Specialized processing approval for those facilities engaging in the processes defined in 8:24 – 9.1(d, e) (Reduced Oxygen Packaging, Smoking for preservation, Curing, Acidification, Custom Processing of Animals for Private Consumption and Time as a Public Health Control) *Specialized Process Application & Questionnaire required.

___ **\$100 Application Fee (Make Checks Payable to County of Cape May).** Fee is waived for non-profit organizations. Documentation and payment may be mailed to: Cape May County Department of Health
4 Moore Rd. DN 601
Cape May Court House, NJ 08210

Items may be submitted in-person to the Department of Health located at 6 Moore Rd. Cape May Court House. Cash, credit card and check payments accepted by Billing Dept. located on first floor of building.

I, the undersigned, attest to the accuracy of the information provided in this application. Should any changes occur to the floor plan after approval is granted, it is the responsibility of the person in charge to notify this Department for further review.

Print Name: _____ Date: _____

Applicant Signature: _____

****\$100 Application Fee must be submitted with application. Documentation will not be processed until payment is received. ****

OFFICE USE ONLY:

Date Received: _____ Date Approved: _____ Reviewed By: _____

Copy Construction Official: Yes ___ No ___ Risk Type: _____

Approved ___ Approved with Stipulations (See Below) ___ Disapproved ___

Comments for Letter: _____

Notes: _____

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Preoperational Inspection Checklist (For Your Review – Do Not Return)

The following items (if applicable) shall be completed prior to scheduling the preoperational inspection. Failure to complete these items will delay facility's approval to open.

- All cold and hot holding equipment shall be equipped with working thermometers.
- Refrigeration units shall be 41 deg F or below.
- Stem thermometers shall be available for monitoring food temperatures.
- Hot water supply shall be adequate for operation.
- Hand sinks shall be have a water temperature of at least 90 deg F.
- Hand sinks shall be provided with soap, paper towels, trash can and employee hand wash sign.
- Gloves or other means (utensils, deli tissue) available to prevent bare hand contact with ready-to-eat foods.
- All foods purchased from an approved source. *No home prepared foods permitted.
- Foods on display will be protected from contamination (sneeze guards, display cabinets, covers, etc.)
- Three-compartment sinks shall have water temperature of at least 110 deg F. Drain stoppers or levers shall be provided for each compartment.
- Dish detergent and chemical sanitizer shall be available for manual warewashing. *The appropriate test kit is needed for sanitizer.
- Commercial dishwashers shall be operational and reach required temperature and/or chemical concentration. *Test kit required for chemical sanitizing units.
- Indirect connections shall be provided at necessary plumbing fixtures (three-compartment sinks, prep sink, ice machine, dipper well, etc.)
- All exterior and rest room doors shall be self-closing.
- Women's or shared rest rooms equipped with covered trash receptacle.
- Covered cans or dumpster(s) for refuse and recycling outside of facility.
- Adequate space provided for employees' belongings away from food prep area.
- Storage area for chemicals separate from food prep/storage.
- Lights will be shielded or shatterproof above food or equipment.
- Equipment and facility shall be thoroughly cleaned.
- Hair restraints shall be worn by all employees.
- A designated person in charge (PIC) shall be available during all hours of operation. PIC must be knowledgeable of food safety principles related to the operation. *Food Manager's Certification for Risk 3 establishments.