

December 2015

Dear Retail Food Establishment Owner/Operator:

The **2016** Retail Food Establishment license application and updated packet is now available on line. The website is www.ourclark.com. **Once there, click on Departments, scroll down to Health and double click on Health.** Once you are on the Health page, you can scroll down and print the application, forms, guidance material, maintenance logs, emergency procedures for power outages, floods, grease trap requirements, etc.

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

Please familiarize yourself with the Clark website as going forward all retail food health information will be listed there.

Just a few reminders:

1. Your inspection is based on question, answer, you or your employees' demonstration of food safety principles and my direct observations of you and your employee's food handling techniques.
2. Grease traps reports are due quarterly (March, June, September and December). A 10 day grace period was added in 2015. Please be sure you are using the correct and most updated forms. **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 the penalty of \$1,000.00 for non-compliance Penalties and fines will not be waived.**

3. 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 containers etc. will reflect non-compliance on your part.
4. 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. Please share your food safety knowledge with your staff as I may ask them inspection questions.
5. 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 at the time of their inspection, will have said food items embargoed and /or destroyed

How to contact me:

Regular mail: Nancy Raymond, Health Officer, Clark Health Department, 430 Westfield Ave.-room 18, Clark, NJ 07066

In Person drop-off: When you enter room 18, look forward and then to your right. You will see a blue drawer with a picture of a black cat and pumpkin. That is my drawer for all correspondence. Anything left on the counter by the glass window will be discarded.

Office phone direct line: 732-428-8405

Office fax: 732-388-2490

Email: nogonowski@hotmail.com

Cell phone or text: 732-259-6137. If texting please let me know with whom I am corresponding.

Facebook: Friend me under Nancy Raymond. Remember this is social media; let's be social

Again, our website is www.ourclark.com, go to departments, double click on health, scroll down to retail food establishments.

I welcome any suggestions you may have that may assist you in making the inspection process easier. All of my contact information can be found on this letterhead and the top of the application. For my email, please use nogonowski@hotmail.com

Thank you for your cooperation.

Sincerely,

Nancy Raymond
Health Officer

Encl

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 sponsored
special events \$100.00

Late fee after February 1st \$100.00

TOWNSHIP OF CLARK HEALTH DEPARTMENT
430 WESTFIELD AVE. ROOM 18
CLARK, NJ 07066
732-428-8405 Fax: 732-388-2490
Email: NOGONOWSKI@HOTMAIL.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) : _____

REC'D _____ CK#/CASH _____ AMOUNT: _____ LIC# _____

