SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION
(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: Arun Goel

NUMBER AND STREET:

COUNTY:

MUNICIPALITY:

STATE:

ZIP CODE:

COMUN. CODE:

agoel@varsityliquors.com

ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADING NAME: Varsity Liquors

NUMBER AND STREET: 234 Nassau St

COUNTY: Mer

MUNICIPALITY: Princeton

ZIP CODE: 08540

TELEPHONE NO.: 609.924.0836

ESTABLISHMENT STATE LICENSE NO. (if appl.):

COMUN. CODE:

INSPECTION

TYPE OF ESTABLISHMENT

- [1] RETAIL
- [2] OTHER (Specify)
- [3]
- [4]

ESTABLISHMENT CODE

Type 1

GOODS

- [1] DESTROYED
- [2] EMBARGOED

- [X] INITIAL INSPECTION
- [2] REINSPECTION *(other than initial inspection)*

TIME - (2400 HOURS)		
DATE	BEGIN	END
4/22/16		

EVALUATION

[X] *SATISFACTORY* [ ] *CONDITIONALLY SATISFACTORY* [ ] *UNSATISFACTORY*

OFFICIAL(S)

LOCAL BOARD OF HEALTH

NAME, ADDRESS AND TELEPHONE NUMBER (print)

PRINCETON HEALTH DEPARTMENT
ONE MONUMENT DRIVE
PRINCETON, NEW JERSEY 08540
609-497-7608

HEALTH OFFICER

Jeffrey C. Grosser

INSPECTING OFFICIAL

INSPECTOR'S NAME AND TITLE

Keith Levine REHS

INSPECTOR'S SIGNATURE

Keith Levine

INSPECTOR'S PERM. REG. NO.

B-2254

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	Varsity Liquors	Date	4/22/16
Municipality	Princeton	Tel., Code or ID No.	

Item No.	Remarks
	- Notes -
	No food prep done - pre-packaged goods sold only
	Refrigeration temps @ 41°
	Handwash sink properly set up w/ hot water, soap & paper towels
	No dust accumulation on shelf or product
	No signs of ~~pest~~ activity
	Recycling policy in place
	Ice machine well maintained
	Outside of facility well maintained
	Reminder: check ID for alcohol & tobacco products. Tobacco age of sale in Princeton is 21 yrs old.

Signature of Individual Completing Form: Keith Jenner

Signature of Owner of Facility, Establishment, etc., if required