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:

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.): 1114-44-011-005 | COMUN. CODE:

dgoel@varsityliquors.com

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)*

DATE	TIME - (2400 HOURS) BEGIN	END
2/02/15		

EVALUATION

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

OFFICIAL(S)

LOCAL BOARD OF HEALTH

NAME, ADDRESS AND TELEPHONE NUMBER (print)

PRINCETON HEALTH DEPARTMENT
ONE MONUMENT DRIVE
P.O. BOX 390
PRINCETON, NEW JERSEY 08542
609-497-7608

HEALTH OFFICER: David A.Henry

INSPECTING OFFICIAL

INSPECTOR'S NAME AND TITLE: Keith Levine

INSPECTOR'S SIGNATURE: Keith Levine

INSPECTOR'S PERM. REG. NO.: B 2257

CONTINUATION SHEET

(for Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	Varsity Liquor	Date 2/02/15
Municipality	Princeton	Tel., Code or ID No.

Item No.	General Condition: Very Good Remarks
	Refrigeration temps at 41° or below
	Ice Machine maintained properly
	Handwash sink properly set up w/ hot water, soap & paper towels
	No dust accumulation on bottles or shelving
	Pre-packaged goods sold only
	No signs of pest activity
	Outside area well maintained
	Recycling policy in place
	Reminder: Check ID's for alcohol & tobacco products
	Satisfactory posted

Signature of Individual Completing Form: Keith Levine

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