



TOWNSHIP OF MENDHAM
2 WEST MAIN STREET P.O. BOX 520
BROOKSIDE, NEW JERSEY 07926

RETAIL FOOD LICENSE APPLICATION

Application to for a license to conduct, maintain, or operate a retail food license of the following type:

- Risk Type 1 (\$100) Risk Type 3 (\$300)
 Risk Type 2 (\$200) Risk Type 4 (\$350)

Name of Establishment: _____

Address of Establishment: _____

Establishment Phone Number: _____ Fax Number: _____

Person in Charge (PIC): _____ Phone Number: _____

Establishment Email: _____

Type of Ownership: Individual Partnership Corporation LLC Other: _____

Business Owner Name: _____

Business Owner Address: _____

Business Owner Email: _____ Phone Number: _____

Property Owner Name: _____ Phone Number: _____

Property Owner Address: _____

- Please check this box if you are non-profit. Please attach a copy of your 501(c)3 status.
 Please check this box if you are a Risk Type 3 Establishment.
Please provide a copy of your Certified Food Protection Manager Certificate (i.e. ServSafe, 360 Training, NRFSP or Prometric).

Licenses are valid from January 1st - December 31st of licensing year. Licenses are not transferrable. License is void with change of ownership. A late fee of \$50 per month will be assessed starting January 1st for all delinquent payments.

I attest that all information on this application is accurate to the best of my knowledge. By operating a business in the Township of Mendham, I realize that legal action may be taken for non-compliance of state and town laws along with suspension and revocation of my Retail Food License

Signature: _____ Date: _____

Printed Name: _____