



# MENDHAM TOWNSHIP BOARD OF HEALTH

## APPLICATION FOR RETAIL FOOD ESTABLISHMENT LICENSE

DATE \_\_\_\_\_

ESTABLISHMENT NAME \_\_\_\_\_

LOCATION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

\*OWNER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

MANAGER OR PERSON IN CHARGE \_\_\_\_\_

BRIEF DESCRIPTION OF THE BUSINESS/ACTIVITY \_\_\_\_\_

I, \_\_\_\_\_, hereby apply for a license to operate a food establishment and agree to comply with, and abide by, all the provisions of Chapter 24 of the New Jersey Sanitary Code and all local codes regulating retail food establishments.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

**APPLICATION FEE:**

ANNUAL LICENSE - \$220.00

TEMPORARY LICENSE (14 DAYS) - \$30.00

REINSPECTION \$55.00 PER

EXEMPT APPLICANT – NO FEE

***PLEASE MAKE CHECKS PAYABLE TO THE TOWNSHIP OF MENDHAM***