

# TOWNSHIP OF MENDHAM – BOARD OF HEALTH

## APPLICATION FOR RETAIL FOOD ESTABLISHMENT LICENSE

DATE \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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 12 of the New Jersey Sanitary Code and all local codes regulating retail food establishments.

SIGNED \_\_\_\_\_

MAKE CHECKS PAYABLE TO THE TOWNSHIP OF MENDHAM

REGULAR LICENSE - \$220

TEMPORARY LICENSE (14 DAYS) - \$30

EXEMPT APPLICANT – NO FEE