

BARNEGAT TOWNSHIP BOARD OF HEALTH

APPLICATION FOR 2017 FOOD HANDLERS LICENSE

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A LICENSE TO CONDUCT AN EATING OR DRINKING ESTABLISHMENT:

NAME OF BUSINESS:

(If School-Name of School
which houses a cafeteria)

ADDRESS OF BUSINESS:

(school address)

CONTACT NAME:

(Corporate)

PHYSICAL ADDRESS:

MAILING ADDRESS:

TELEPHONE NO:

FAX NO:

IN MAKING THIS APPLICATION, I OR WE, AGREE TO COMPLY WITH ALL THE ORDINANCES OF THE COUNTY OF OCEAN AND THE LAWS OF THE STATE OF NEW JERSEY COVERING SUCH ESTABLISHMENTS. IT IS FUTHER AGREED THAT I, OR WE, WILL SURRENDER THIS LICENSE, IF GRANTED, TO THE DEPARTMENT OF HEALTH ON DEMAND

SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE

(FOR OFFICE USE ONLY)

LICENSE NUMBER ISSUED:

DATE OF ISSUE:
