

(Click Below For

2 West Main
Brookside, N.
Township Ha



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 _____

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 - \$220.00

TEMPORARY LICENSE (14 days) - \$30.00

EXEMPT