

**LITTLE EGG HARBOR TOWNSHIP**  
**CLERK'S OFFICE**  
**665 RADIO ROAD**  
**LITTLE EGG HARBOR TOWNSHIP, NJ 08087**

**APPLICATION FOR RETAIL FOOD ESTABLISHMENT LICENSE**

1. Name of Applicant \_\_\_\_\_
2. Trade Name of Establishment \_\_\_\_\_
3. Address of Establishment \_\_\_\_\_
4. Telephone Number of Establishment \_\_\_\_\_
5. Email Address \_\_\_\_\_ Mobil Phone \_\_\_\_\_
6. Type of Establishment \_\_\_\_\_
7. Emergency Contact Name & Phone Number \_\_\_\_\_
8. If Corporation, Name and Address of Registered Agent \_\_\_\_\_  
\_\_\_\_\_
9. Milk and Cream or Ice Cream Mix Obtained from \_\_\_\_\_
10. Shell Fish Obtained from \_\_\_\_\_
11. Seasonal Operation: Yes\_\_\_ No\_\_\_ Approximate opening date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Officer or Title \_\_\_\_\_

The Applicant agrees to conduct this business establishment in accordance with Chapter 12, New Jersey State Sanitary Code, all applicable Ordinances, Regulations and Rules of local Board of Health. Issued licenses may be revoked or suspended for violation of above mentioned Code, Ordinances, Rules or Regulations.

License Fee:           \$50.00 / Veteran:    No Fee

Make check payable to Little Egg Harbor Township

Date of License:       January 1 – December 31

License # \_\_\_\_\_                      Date of Issue \_\_\_\_\_