

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 _____