

# Township of Barnegat

COUNTY OF OCEAN



900 WEST BAY AVENUE  
BARNEGAT, NEW JERSEY 08005-1298  
Email: [clerk@barnegat.net](mailto:clerk@barnegat.net)

MUNICIPAL OFFICES: (609) 698-0080  
FAX #: (609) 698-7980  
Visit Our Website: [www.barnegat.net](http://www.barnegat.net)

November 19, 2019

## **NOTICE TO ALL FOOD HANDLERS:**

PLEASE BE ADVISED THAT YOUR FOOD HANDLERS LICENSE EXPIRED ON DECEMBER 31, 2019.

PAGE 2 IS AN APPLICATION FOR RENEWAL OF YOUR LICENSE.

YOU MAY COME TO THE MUNICIPAL CLERK'S OFFICE WITH YOUR CHECK FOR YOUR 2020 FOOD LICENSE IN THE AMOUNT OF \$40.00 MADE PAYABLE TO "BARNEGAT TOWNSHIP", OR YOU MAY MAIL YOUR APPLICATION AND CHECK TO 900 WEST BAY AVENUE, BARNEGAT, NJ 08005 AND WE WILL GLADLY MAIL YOUR LICENSE BACK TO YOU.

THANK YOU FOR YOUR COOPERATION

TOWNSHIP OF BARNEGAT

MUNICIPAL CLERK'S OFFICE

# BARNEGAT TOWNSHIP BOARD OF HEALTH

## ***APPLICATION FOR 2020 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)

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ADDRESS OF BUSINESS:

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CONTACT NAME:  
(Corporate)

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PHYSICAL ADDRESS:

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MAILING ADDRESS:

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TELEPHONE NO:

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FAX NO:

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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

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SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE

***(FOR OFFICE USE ONLY)***

LICENSE NUMBER ISSUED:

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DATE OF ISSUE:

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