BARNEGAT TOWNSHIP BOARD OF HEALTH

APPLICATION FOR 2027 FOOD HANDLERS LICENSE-$50.00 FEE

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

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

LICENSE MAILING ADDRESS: _____

OWNER'S/CONTACT NAME:_____

TELEPHONE 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: _____