

**BOROUGH OF HIGH BRIDGE
BOARD OF HEALTH**

71 MAIN STREET
HIGH BRIDGE, NJ 08829

Telephone: 908-638-6455

Fax: 908-638-9374

APPLICATION FOR RETAIL FOOD ESTABLISHMENT LICENSE

I, the undersigned, do hereby apply for a License to conduct a food-handling establishment in the Borough of High Bridge during the year of: _____

NAME OF ESTABLISHMENT: _____

ADDRESS: _____

BUSINESS TELEPHONE: _____

In making this application, I agree to comply with all the provisions of the Retail Food Establishment Code of New Jersey (1965) and the applicable ordinances of the Borough of High Bridge.

SIGNATURE: _____

PRINT NAME: _____

Date of Application: _____/_____/_____

Note: All Licenses expire December 31st and must be renewed in November for following year.

(This section to be completed by Municipal Clerk)

Date Application Received: _____/_____/_____

Application fee for year: 2016 Amount: \$250.00 Received: \$_____

(This section to be completed by High Bridge Board of Health)

Satisfactory Sanitary Inspection Report on file: Yes _____ No _____

Date of Report: _____/_____/_____

Comments: _____

Application Approved: Yes _____ No _____ Date: _____/_____/_____

Authorized Signature: _____

LICENSE NUMBER:

DATE ISSUED: