

Application for Retail Food Establishment License

BOROUGH OF HIGH BRIDGE - BOARD OF HEALTH

97 WEST MAIN STREET - HIGH BRIDGE, NJ 08829

Telephone: 908-638-6455 - Fax: 908-638-9374

As per Borough Ordinances, applications for the following year are to be made, with payment in the amount of \$250 made out to the Borough of High Bridge, due in the month of October for consideration at the November Board of Health meeting.

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 **2018**.

Name of the establishment: _____

Address of the establishment: _____

Primary contact name: _____

Primary contact phone number: _____

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

Signature of applicant: _____

Printed name of applicant: _____

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THIS SECTION FOR MUNICIPAL USE ONLY

Application number: _____

Date application received: _____

Proper application fee enclosed (Y/N): _____

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THIS SECTION FOR BOARD OF HEALTH USE ONLY

Satisfactory sanitary inspection report on file (Y/N): _____

Application approved (Y/N): _____

Date approved: _____

Authorized signature: _____