

**BOROUGH OF HIGH BRIDGE - BOARD OF HEALTH**

97 WEST MAIN STREET - HIGH BRIDGE, NJ 08829 - Telephone: 908-638-6455 - Fax: 908-638-9374

**Application for Retail Food Establishment License - Category 1**

As per Borough Ordinances, applications for the following year are to be made, with payment in the amount of \$150 made out to the Borough of High Bridge. Consideration by the Board of Health may be necessary at an official 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 **2023**.

**Name of the establishment:** \_\_\_\_\_

**Address of the establishment:** \_\_\_\_\_

**Primary contact name:** \_\_\_\_\_

**Primary contact phone number:** \_\_\_\_\_

**If applying as a charity or non-profit, please initial here:** \_\_\_\_\_

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: \_\_\_\_\_