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 2

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, due in the month of November for consideration at the December Board of Health meeting if necessary.

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 **2026**.

Name of the establishment: _____

Address of the establishment: _____

Primary contact name: _____

Primary contact phone number: _____

Primary contact email address: _____

If applying as a charity or nonprofit 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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Application number: _____
Date application received: _____
Proper application fee enclosed (Y/N): _____

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

Authorized signature: _____