

LONG HILL TOWNSHIP
BOARD OF HEALTH
APPLICATION FOR FOOD LICENSE

Year: _____

Please check type of operation:

- _____ Retail Food Establishment (under 2,000 sq. ft.)
- _____ Retail Food Establishment (2,000 - 5,000 sq. ft.)
- _____ Retail Food Establishment (5,000 - 10,000 sq. ft.)
- _____ Retail Food Establishment (Over 10,000 sq. ft.)
- _____ Mobile Retail Food Establishment
- _____ Catering
- _____ Farmers Market
- _____ Pharmacy
- _____ **Temporary Retail Food Establishment**(see below)**

(Retail Food Establishment includes restaurants, foodmarkets, pharmacies, taverns, liquor stores.)

Business Name: _____

Business Location: _____

Business Phone Number: _____ Business Fax Number: _____

E-mail Address: _____

Owner's Name: _____

Home Address: _____

Home Phone Number: _____

Food Handling License mailed to (if different from Business Location):

Name: _____

Address: _____

Please check one of the following:

_____ Individual _____ Partnership _____ *Corporation

*If a corporation, please list the names and addresses of officers:

Description of Food Services to be rendered: _____

(over)

****Temporary Event Date & Title** _____

