

FOOD HANDLERS ESTABLISHMENT LICENSE APPLICATION

Trade Name: _____

Business Address (location): _____
(STREET)

Phone #: _____ Fax #: _____ Email _____

Mailing Address: _____
(STREET) (MUNICIPALITY) (STATE) (ZIP CODE)

Types of food: _____

#Seats: _____ #Sq.FT.: _____ Water: _____ Public _____ Well

Sanitary Sewerage _____ Public _____ Private (Mo./yr. Pumped): _____

Name of Owner/Corporation: _____

Address: _____
(Street) (City) (State) (Zip Code)

Phone #: _____ Fax#: _____

Contact Name: _____ Phone #: _____

In making this application, I hereby agree at all times to comply with all ordinances of the Township of Wantage and the laws of the State of New Jersey applicable to such establishments.

Print Name of Owner or Authorized Agent Date

| | |
|--|-----------------|
| _____ Signature | _____ Title |
| Annual (January 1- December 31) | \$115.00 |
| Seasonal (six months) | \$115.00 |
| Daily | \$ 5.00 |

For Office Use Only

License #: _____ Receipt #: _____ Date: _____