

**TOWNSHIP OF  
OCEAN**  
*Board of Health*  
50 RAILROAD AVENUE  
WARETOWN, NJ 08758  
(609) 693-3302 x221

**Application for Retail Food Handling Establishment license-Mobile Food Handling Establishment License**

Name of Applicant\_\_\_\_\_

Trade Name of Establishment\_\_\_\_\_

Kind of Establishment\_\_\_\_\_

Physical Address of Establishment\_\_\_\_\_

Mailing Address if different from above\_\_\_\_\_

Telephone # of Establishment\_\_\_\_\_

Telephone # for Emergencies\_\_\_\_\_

\*\* If mobile Unit-License- Plate # of Vehicle to be Licensed\_\_\_\_\_

\_\_\_\_\_  
Print Name of Applicant and Title

\_\_\_\_\_  
Signature of Applicant

Date:\_\_\_\_\_

Fee: \$25.00, must accompany application.  
Please make checks payable to: **Township of Ocean.**  
*All applications must be submitted no later than, **June 15<sup>th</sup>**.*



For Board of Health Use Only:

Mailed in\_\_\_\_\_ Obtained in Person\_\_\_\_\_ Date\_\_\_\_\_

License #\_\_\_\_\_ Approved by:\_\_\_\_\_