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 15th.

For Board of Health Use Only:

Mailed _______ Obtained in Person _________ Date __________________________

License # ______________________ Approved By: __________________________

Check No. ______________________