

DIVISION OF HEALTH  
MARLBORO TOWNSHIP

NO. \_\_\_\_\_

NEW JERSEY

2010  
APPLICATION FOR LICENSE  
RETAIL FOOD HANDLING ESTABLISHMENT CODE

RETURN TO: MARLBORO TOWNSHIP MERCANTILE LICENSING DEPARTMENT  
1979 TOWNSHIP DRIVE, MARLBORO, NJ 07746-2299;  
ALONG WITH YOUR CHECK OR MONEY ORDER FOR \$25.00 PAYABLE TO "MARLBORO TOWNSHIP"

DATE FILED: \_\_\_\_\_

I, or we, the undersigned, do hereby make application for a license to conduct a retail food handling establishment in the Township of Marlboro.

NAME OF ESTABLISHMENT: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

In making this application, I, or we, agree to comply with all the Ordinances of the Township of Marlboro and the Laws of the State of New Jersey covering such establishments. It is further agreed that I, or we, will surrender this license, if granted, to the Division of Health of demand. All food handlers are required to have a medical certificate.

DATE: \_\_\_\_\_

APPLICANT'S NAME (PLEASE PRINT): \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

INSPECTION DATE: \_\_\_\_\_

PLEASE LIST NAMES AND ADDRESSES OF ALL EMPLOYEES:

(Continue on other side of this form if you need more room.)

<u>NAME</u>	<u>ADDRESS</u>
_____	_____
_____	_____
_____	_____
_____	_____

SANITARY INSPECTOR: \_\_\_\_\_

SIGNATURE

OFFICE USE ONLY:

RECOMMENDATIONS: \_\_\_\_\_

ZONING OFFICER: \_\_\_\_\_

SIGNATURE