

License No. _____

FOOD HANDLER LICENSE APPLICATION

Borough of Watchung, Board of Health
15 Mountain Boulevard
Watchung, New Jersey 07060

FEE SCHEDULE:	1	to 2500 sq. ft.	\$ 275.00
		2501 to 5000 sq. ft.	325.00
		5001 to 10,000 sq. ft.	375.00
		Over 10,000 sq. ft.	500.00
		Laboratory Costs	50.00
		Reinspection	50.00
		*Denotes Credit given for attending Food Handler Course	60.00
		Late Fee after May 1	20.00 per week

PAY THIS AMOUNT _____

Please make checks payable to the Borough of Watchung

Name of Applicant: _____ Phone _____

Address: _____

Name of Establishment: _____ Phone _____

Address of Establishment: _____

Is Applicant an Individual Partnership Corporation

If Partnership, give name and home address of all partners:

If Applicant is a corporation, give name and home address of all officers:

If Applicant is a Corporation, give principal address of Corporation and name of person in charge (Registered Agent):

In case such license is granted, I agree to comply with and abide by all the provisions, rules and regulations of the Board and the Article of Sanitary Code of the Borough of Watchung.

Date: _____

Signed: _____

Date of application _____ Fee _____ License No. _____

Inspected by _____ Board of Health Approval _____

Date License Issued _____