

TOWNSHIP CLERK
400 PARK AVENUE
WEEHAWKEN, NJ 07086
[201]319-6022 & 6024

APPLICATION FOR FOOD ESTABLISHMENT LICENSE

- 1] ATTACH COPY OF CERTIFICATE OF OCCUPANCY
- 2] ATTACH SATISFACTORY SANITATION REPORT

Date of Application: _____

Name of Establishment

Address

Phone No. of Establishment _____

Name of Applicant: _____

Home Address of Applicant: _____

Home Phone No. _____

Fee of \$75.00 must be submitted with application.

Mailing Name & Address for purposes of receiving this application:

Zip Code

For Office Use Only

Date Application Received _____

Board of Health Approved/Denied _____

Date License Issued _____

LICENSE # _____

Expiration Date _____

Receipt Number _____ Fee Pd. \$ _____

PERMIT # _____