



**APPLICATION FOR LICENSE TO OPERATE
A RETAIL FOOD ESTABLISHMENT
EXPIRES JUNE 30TH _____
(PLEASE TYPE OR PRINT LEGIBLY)**

Name of Ownership and Trade Name (If Corporate – Give exact name of Corporation):

Name of President (If Corporation): _____

Address of Corporation: _____

Phone Number: _____ Email address: _____

LOCATION OF BUSINESS: _____

TYPE OF FOOD: _____

SEATING CAPACITY: _____ SQUARE FEET: _____

I/WE HEREBY MAKE APPLICATION FOR A LICENSE TO OPERATE A RETAIL FOOD ESTABLISHMENT, AND AGREE TO CONDUCT BUSINESS IN COMPLIANCE WITH THE LAW(S) OF THE STATE OF NEW JERSEY AND THE ORDINANCE(S) OF THE TOWNSHIP OF HILLSIDE, IN THE COUNTY OF UNION, AND ORDINANCES AND REGULATION(S) OF THE BOARD OF HEALTH OF THE SAID TOWNSHIP OF HILLSIDE.

(SIGNATURE OF APPLICATION)

(DATE OF APPLICATION)

FOR OFFICIAL USE:

THIS APPLICATION MUST BE COMPLETED BEFORE LICENSE IS ISSUED OR RENEWED

PREMISES INSPECTED AND APPROVED FOR LICENSE BY:

NAME: _____ DATE: _____

LICENSE NO. _____ DATE: _____ FEE: _____