

License No. _____
Expires: March 31st

BOROUGH OF WATCHUNG
BOARD OF HEALTH
15 MOUNTAIN BOULEVARD
WATCHUNG, NJ 07069

FOOD HANDLER LICENSE APPLICATION

Year _____

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
		Each Reinspection due to Unsatisfactory rating	\$150.00
		Late fee After April 30th	\$100.00 per month
		Late fee for failure to renew	
		Upon change in ownership/mgmt	\$100.00 per month

PAY THIS AMOUNT \$ _____

Please make checks payable to the Borough of Watchung

Name of Applicant: _____ Phone: _____

FAX: _____ email address: _____

Address: _____

Name of Establishment: _____

Address of Establishment: _____

is Applicant () Individual () Partnership () Corporation

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

If a Corporation, give name and home address of all officers

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 _____ Date Issued _____

License No. _____
Expires: March 31st

BOROUGH OF WATCHUNG
BOARD OF HEALTH
15 MOUNTAIN BOULEVARD
WATCHUNG, NJ 07069

FOOD HANDLER LICENSE APPLICATION
Incidental Sale of Pre-packaged Foods

Year _____

FEE SCHEDULE: Annual Fee \$100.00
Each Reinspection due to
Unsatisfactory rating \$150.00
Late fee After April 30th \$100.00 per month
Late fee for failure to renew
Upon change in ownership/mgmt \$100.00 per month

PAY THIS AMOUNT \$ _____

Please make checks payable to the Borough of Watchung

Name of Applicant: _____ Phone: _____

FAX: _____ email address: _____

Address: _____

Name of Establishment: _____

Address of Establishment: _____

is Applicant () Individual () Partnership () Corporation

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

If a Corporation, give name and home address of all officers

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 _____

Date Issued _____