

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 \_\_\_\_\_

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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 \$ \_\_\_\_\_

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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

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\_\_\_\_\_  
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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.

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