

Borough of Watchung

BOARD OF HEALTH

License No. _____

Expires: March 31st

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: _____

Applicant Is: () Individual () Partnership () Corporation () LLC

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: _____