



Borough of Watchung

Board of Health

Office Use Only

License Number: _____

License Year: _____

Payment Amount: _____

Cash Check # _____

RETAIL FOOD ESTABLISHMENT: MOBILE FOOD ESTABLISHMENT LICENSE

Name of Business: _____

Address of Business: _____

Name of Applicant: _____ Phone Number: _____

Applicant Address: _____

Applicant Email: _____

Is the Applicant: Individual Partnership Corporation

If Partnership or Corporation, provide the name and address of entity:

Type of Application: All Year: **\$200.00** Seasonal: **\$100.00**

If Seasonal, Event Date(s) Requested: _____

Hours of Event(s): _____

Specific Event Location(s) and details of purpose:

By checking this box, I agree to comply with and abide by all the provisions, rules and regulations of the Board of Health found in the Borough of Watchung's code and the NJ Sanitary Code, N.J.A.C. 8:24, in case such license is granted.

***PLEASE SUBMIT APPLICATION TO BOARD OF HEALTH SECRETARY AT:**

Email: dgray@watchungnj.gov (payment must be received before application is processed)
or mail with payment to: 15 Mountain Boulevard, Watchung, New Jersey 07069

Middle-Brook Regional Health Commission Use Only.

Board of Health Inspection and Approval

Date

Kevin Sumner, Health Officer (732) 968-5151
Phone: (908) 756-0080; Fax: (908) 757-7027
Permits/Applications www.watchungnj.com