



Township of East Brunswick Revenue Division  
PO Box 1081  
East Brunswick, NJ 08816

Health Department  
Retail Food License Application

Make check payable to "Township of East Brunswick" and send to address above

License Category \_\_\_\_\_ Fee \_\_\_\_\_

**Business Owner Information:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

**Establishment Information:**

Business Trade Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Number of Employees: Male \_\_\_\_\_ Female \_\_\_\_\_

**Building Owner Information**

Name-Owner of Building: \_\_\_\_\_

Building Owner Address: \_\_\_\_\_

Building Owner Telephone: \_\_\_\_\_

**Send Application & License to the following address:**

Home       Business       Other (Specify) \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Responsible Person

\_\_\_\_\_  
Print Name of Responsible Person

**Do not write below this line**

Date of License: \_\_\_\_\_

License # \_\_\_\_\_

License Category: \_\_\_\_\_

Fee Paid: \_\_\_\_\_