



TOWNSHIP OF EAST BRUNSWICK  
P.O. BOX 1081  
EAST BRUNSWICK, NJ 08816  
REVENUE/HEALTH DEPARTMENT

## RETAIL FOOD LICENSE APPLICATION

MAKE CHECKS PAYABLE TO: TOWNSHIP OF EAST BRUNSWICK

LICENSE #: \_\_\_\_\_ FEE: \_\_\_\_\_

<b>A. BUSINESS OWNER INFORMATION</b>		
NAME:	_____	
HOME ADDRESS:	_____	
HOME TELEPHONE #:	_____	
<b>B. ESTABLISHMENT INFORMATION</b>		
BUSINESS TRADE NAME:	_____	
BUSINESS ADDRESS:	_____	
BUSINESS TELEPHONE #:	_____	
NUMBER OF EMPLOYEES:	_____	
<b>C. BUILDING OWNER INFORMATION</b>		
OWNER OF BUILDING:	_____	
BUILDING OWNER'S ADDRESS:	_____	
BUILDING OWNER'S TELEPHONE #:	_____	
<b>D. SEND APPLICATION AND LICENSE TO THE FOLLOWING ADDRESS:</b>		
<input type="checkbox"/> HOME	<input type="checkbox"/> BUSINESS	<input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> _____

DATE: \_\_\_\_\_

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

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

**DO NOT WRITE BELOW THIS LINE**

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

License No.: \_\_\_\_\_

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

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