

FOOD HANDLERS ESTABLISHMENT LICENSE APPLICATION

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

Business Address (location): \_\_\_\_\_  
(STREET)

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(STREET) (MUNICIPALITY) (STATE) (ZIP CODE)

Types of food: \_\_\_\_\_

#Seats: \_\_\_\_\_ #Sq.FT.: \_\_\_\_\_ Water: \_\_\_\_\_ Public \_\_\_\_\_ Well

Sanitary Sewerage \_\_\_\_\_ Public \_\_\_\_\_ Private (Mo./yr. Pumped): \_\_\_\_\_

Name of Owner/Corporation: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

*In making this application, I hereby agree at all times to comply with all ordinances of the Township of Wantage and the laws of the State of New Jersey applicable to such establishments.*

\_\_\_\_\_  
Print Name of Owner or Authorized Agent Date

Signature	Title
<b>Annual (January 1- December 31)</b>	<b>\$115.00</b>
<b>Seasonal (six months)</b>	<b>\$115.00</b>
<b>Daily</b>	<b>\$ 5.00</b>

**Please include most recent water test**

***For Office Use Only***

License #: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_