

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

HEALTH DEPARTMENT  
**RETAIL FOOD LICENSE APPLICATION**  
**MAKE CHECKS PAYABLE: TOWNSHIP OF EAST BRUNSWICK**

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

A. BUSINESS OWNER INFORMATION:

Name: \_\_\_\_\_  
Home  
Address: \_\_\_\_\_  
Home Telephone #(\_\_\_\_) \_\_\_\_\_

B. ESTABLISHMENT INFORMATION

Business Trade Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Telephone #(\_\_\_\_) \_\_\_\_\_  
Number of Employees: \_\_\_\_\_ Male \_\_\_\_\_ Female

C. BUILDING OWNER INFORMATION

Name-Owner of Building: \_\_\_\_\_  
Building Owner's Address: \_\_\_\_\_  
Building Owner's Telephone #(\_\_\_\_) \_\_\_\_\_

D. 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 Category: \_\_\_\_\_

License Receipt No. \_\_\_\_\_  
Fee Paid: \_\_\_\_\_