TOWNSHIP OF LEBANON
HUNTERDON COUNTY

Municipal Building
530 West Hill Road
Glen Gardner, NJ 08826-6400

Tel. 908-638-8523
Fax 908-638-5957
www.lebanontownship.net

RETAIL FOOD HANDLING ESTABLISHMENT LICENSE APPLICATION

I, or We, the undersigned, do hereby make application for a License to conduct a Retail Food Handling Establishment in the Township of Lebanon.

Establishment Information

Establishment Name: _____

Physical Address: _____

Phone Number: _____ E-Mail: _____

Owner Information

Owner Name: _____

Physical Address: _____

Phone Number: _____ E-Mail: _____

In making this application, I, or We, agree to comply with all the Ordinances of the Retail Food Handling Establishment Code 1965 and the laws of the State of New Jersey covering such establishments.

It is further agreed that I, or We, will surrender this license, if granted, to the Hunterdon County Department of Health on demand as specified in the code.

_____ _____
Applicant's Signature Date

Application Fee of $250.00 Payable to Lebanon Township, due on or before January 31st. Return completed application and fee to address above.

(For Township Use Only)

Check Number: _____ Cash: _____ Date Paid: _____

License Number: _____ Date Issued: _____