West Amwell Township
Board of Health
150 Rocktown-Lambertville Road
Lambertville, NJ 08530-3203
Phone: 609-397-2054
Fax: 609-397-8634

APPLICATION FOR LICENSE TO CONDUCT A RETAIL FOOD

HANDLING ESTABLISHMENT

I, or we, the undersigned, do hereby make application for a license to conduct a food handling establishment in the Township of West Amwell located at:

_____

(Name of Establishment)

_____

(Physical Address of Establishment)

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 Department of Health on demand as specified in the Code.

Signed _____ Title _____

Date _____ Phone # _____ Email: _____

Mailing Address (*If different than above)*

_____

_____

_____

Application Received _____ Fee Paid _____

License Number _____ Date Issued _____

Inspected _____ Recommendations _____

_____

Hunterdon County Health Dept., Enforcing Officer