BOROUGH OF STANHOPE
RETAIL FOOD ESTABLISHMENT APPLICATION
July 1, 2024 - June 30, 2025

Name of Establishment _____

Mailing Address _____

_____

Telephone _____ Block _____ Lot _____

E-mail _____

Name of Owner or Corporation _____

Address _____ Telephone _____

_____

Officers/Title of Corporation

_____ _____

_____ _____

- Please return application with the $50.00 license fee to
Borough of Stanhope, 77 Main Street, Stanhope, NJ 07874 Attn: Board of Health

- Any school or non-profit organization shall be exempt from such license fee.

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

_____ _____
Owner or Authorized Agent Date

_____ _____
Signature Title

FOR OFFICE USE ONLY

License # _____ **Date** _____

Receipt # _____ **Fee** _____