# TOWNSHIP OF EAST BRUNSWICK
## MUNICIPAL CLERK'S OFFICE

**Township of East Brunswick**
1 Civic Center Drive
East Brunswick, New Jersey 08816

Tele: 732-390-6850
Email: Clerk@Eastbrunswick.org
Hours: 8:30 a.m. to 4:30 p.m. (M-F)

## RETAIL FOOD LICENSE APPLICATION

### ESTABLISHMENT INFORMATION

| | | | |
|---|---|---|---|
| Name of Establishment: | | Phone No.: | |
| Street Address: | | Email: | |
| City, State, Zip Code: | | Fax No.: | |

### BUSINESS OWNER INFORMATION

| | | | |
|---|---|---|---|
| Name of Owner: | | Phone No.: | |
| Street Address: | | Email: | |
| City, State, Zip Code: | | Fax No.: | |

License should be mailed to the following address:

☐ Home ☐ Business ☐ Other (Specify) _____

_____ _____
Signature of Owner/Legal Agent Date

Return form and fee to:

**Township of East Brunswick**
**Municipal Clerk's Office**
**1 Civic Center Drive**
**P.O. Box 1081**
**East Brunswick, NJ 08816**

Enclosed Fee: $_____

**FOR OFFICIAL USE ONLY**

License # _____ Date Received: _____ Date Approved: _____

Payment Amount: _____ Check # _____ Cash $_____