SAYREVILLE BOARD OF HEALTH
FOOD LICENSE APPLICATION
RETAIL FOOD ESTABLISHMENTS

Please fill out Section A through C completely.

A. BUSINESS OWNER INFORMATION

NAME _____

HOME ADDRESS _____

HOME TELEPHONE _____ EMAIL _____

B. ESTABLISHMENT INFORMATION

BUSINESS TRADE NAME _____

BUSINESS ADDRESS _____

BUSINESS TELEPHONE _____

NUMBER OF EMPLOYEES _____

TYPE OF BUSINESS _____

C. BUILDING OWNER INFORMATION

NAME – OWNER OF BUILDING _____

BUILDING OWNER'S ADDRESS _____

BUILDING OWNER'S TELEPHONE _____

Check off section D only if establishment does not prepare food.

D. **NON FOOD PREPARATION** (packaged good only) $30.00 _____

E. **FILL IN**: BOTH MUST BE COMPLETED.

SQUARE FOOTAGE _____

SEATING CAPACITY _____

OFFICE USE ONLY:

RECEIVED: _____ NEW BUSINESS: _____

AMOUNT PAID: _____