

20 _____ RETAIL FOOD HANDLERS APPL.

TOWNSHIP OF TOMS RIVER DEPARTMENT OF HEALTH
P.O. BOX 728
TOMS RIVER, NJ 08754
ATTENTION: FOOD BUSINESS LICENSING

The fee for a license is \$50.00
Make checks payable to Township of Toms River
(732) 341-1000, EXT.8400

APPLICATION FOR A LICENSE TO OPERATE A RETAIL FOOD HANDLING ESTABLISHMENT OR AN ITINERANT
RETAIL FOOD HANDLING ESTABLISHMENT WITHIN THE TOWNSHIP OF TOMS RIVER. *NEW APPLICANTS
INCLUDE A COPY OF THE OCEAN COUNTY HEALTH DEPT. "SATISFACTORY" CERTIFICATE WITH APPL. &
FEE. ALL LICENSES EXPIRE IN MARCH OF EACH YEAR. PLEASE PRINT.

NEW _____

RENEWAL _____

NAME OF BUSINESS
ESTABLISHMENT _____

BUS. ADDR. _____ TELEPHONE _____

NAME OF OWNER
(OR CORP.) _____

ADDRESS _____ TELEPHONE _____
(Include zip code with address & Please specify mail'g address if different)

CORP. OFFICERS
(IF APPL) _____

ON-SITE EMERGENCY CONTACT &
TELEPHONE _____

NAME OF
EXTERMINATOR _____ GARBAGE DISP. CO. _____

PLEASE CHECK () WHICHEVER IS APPLICABLE BELOW

CITY WATER _____ CITY SEWER _____

WELL _____ SEPTIC SYSTEM _____

SIGNATURE OF APPLICANT

TITLE

DATE