

BOROUGH OF KEYPORT
DEPARTMENT OF HEALTH

Application is hereby made for a retail food handler license, as required and regulated by Chapter 12 of the N.J. State Sanitary Code, governing retail food establishment.

TRADE NAME _____ ADDRESS _____
BUSINESS TELEPHONE # _____ HOME# _____

BUSINESS OWNER
NAME _____ ADDRESS _____

DATE: _____ SIGNATURE _____

IF LEASING, PROPERTY OWNER NAME _____
HOME ADDRESS _____ HOME TELEPHONE # _____

.....

NATURE OF BUSINESS: Restaurant _____ Mobile Unit _____
 Tavern _____ Organization _____
 Grocery _____ Prepackaged _____
 Deli _____ Other _____

IF RESTAURANT, TAVERN OR DELI - SEATING CAPACITY _____

.....

MOBILE UNIT ONLY

BASE OF OPERATION _____

.....

ORGANIZATION

CLUB NAME _____ ADDRESS _____

PERSON IN CHARGE _____ TELEPHONE # _____

HOURS YOU MAY BE REACHED _____

DATE: _____ SIGNATURE: _____

OFFICE USE ONLY

DATE RECEIVED _____ FEE PAID _____
PERMIT # _____ YEAR _____

OFFICIALS SIGNATURE _____