



Borough of Watchung

BOARD OF HEALTH

Office Use Only

License Number: _____
License Year: _____
Payment Amount:
 Cash Check # _____

FOOD HANDLER LICENSE APPLICATION INCIDENTAL PREPACKAGED FOODS

FEE SCHEDULE:

Annual Fee: **\$ 100.00**
Each Reinspection Due to Unsatisfactory Rating: **\$ 150.00**
Late Fee Failure to Renew After April 30th: **\$ 100.00** Per Month
Late Fee for Failure to Renew Upon _____
Change in Ownership/Management: **\$ 100.00** Per Month

Total Due with Initial Application: \$ _____
(Check Payable to Borough of Watchung)

EXPIRATION DATE: MARCH 31ST (of every year)

Name of Business: _____

Address of Business: _____

Business Phone: _____ Business Email: _____

Name of Applicant: _____

Applicant Address: _____

Phone: _____ Email: _____

Is the Applicant: Individual Partnership Corporation LLC

If Partnership or Corporation, provide the name and home address of all partners or officers:

By checking this box, I agree to comply with and abide by all the provisions, rules and regulations of the Board of Health found in the Borough of Watchung's code and the NJ Sanitary Code, N.J.A.C. 8:24, in case such license is granted.

*PLEASE SUBMIT APPLICATION TO BOARD OF HEALTH SECRETARY AT:

Email: dgray@watchungnj.gov (payment must be received before application is processed)
or mail with payment to: 15 Mountain Boulevard, Watchung, New Jersey 07069

Middle-Brook Regional Health Commission Use Only.

Health Inspection and Approval

Date

Kevin Sumner, Health Officer (732) 968-5151
Board of Health Phone: (908) 756-0080 ext. 211; Fax: (908) 757-7027
Permits/Applications www.watchungnj.com