

**TOWNSHIP OF
OCEAN**
Board of Health
50 RAILROAD AVENUE
WARETOWN, NJ 08758
(609) 693-3302 x221

Application for Retail Food Handling Establishment license-Mobile Food Handling Establishment License

Name of Applicant_____

Trade Name of Establishment_____

Kind of Establishment_____

Physical Address of Establishment_____

Mailing Address if different from above_____

Telephone # of Establishment_____

Telephone # for Emergencies_____

** If mobile Unit-License- Plate # of Vehicle to be Licensed_____

Signature of Applicant

Title

Date:_____

Fee: \$25.00, must accompany application.
Please make checks payable to: **Township of Ocean.**
All applications must be submitted no later than, June 15, 2004



For Board of Health Use Only:

Mailed in_____ Obtained in Person_____ Date_____

License #_____ Approved by:_____