

**TOWNSHIP OF CLINTON
HUNTERDON COUNTY**



John Higgins
Mayor

Jesse Landon
Administrator

**APPLICATION FOR A PERMANENT FOOD HANDLING ESTABLISHMENT LICENSE
FOR THE YEAR 2018**

DATE: _____

EXEMPT

I, and/or we, the undersigned, do hereby make application for a license to conduct a food handling establishment in the **Township of Clinton**, located at:

Establishment Name

Location Address

In making this application, I, and/or we, agree to comply with the ordinance of the **Retail Food Handling Establishment Code 1965** and the Laws of the State of New Jersey covering such establishments. It is further agreed that I, and/or we, will surrender this license, if granted, to the Department of Health on demand as specified in the Code.

Print Name

Signature

Mailing Address

Telephone #: () _____ Alt. Phone #: () _____

Office Use Only:

Application received: _____ License Number: _____

Date Issued: _____