TOWNSHIP OF CLINTON
HUNTERDON COUNTY

Brian Mullay
Mayor

Vita Mekovetz
Administrator

APPLICATION FOR A PERMANENT FOOD HANDLING ESTABLISHMENT LICENSE FOR THE YEAR _____

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 #: ( ) _____

Email: _____

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Office Use Only:

Application received: _____ License Number:_____

Date Issued:_____

1225 Route 31S, Lebanon NJ 08833, Phone: 908-735-8800 x200, Fax: 908-735-8156
www.township.clinton.nj.us