TOWNSHIP OF HILLSIDE
HEALTH DEPARTMENT

Municipal Building
Liberty and Hillside Avenues
Hillside, New Jersey 07205

APPLICATION FOR LICENSE TO OPERATE A RETAIL FOOD ESTABLISHMENT

EXPIRES JUNE 30,

PLEASE PRINT INFORMATION

NAME OF OWNERSHIP AND TRADE NAME (IF CORP., GIVE EXACT NAME OF CORP)

_____

EMAIL ADDRESS _____

OWNER NAME: _____

OWNER MAILING ADDRESS: _____

CITY: _____

STATE _____ **ZIP CODE**: _____

HOME PHONE: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

CONTACT ON SITE _____

TYPE OF FOOD BUSINESS _____

SEATING CAPACITY: _____ **SQUARE FT**: _____

I/WE HEREBY MAKE APPLICATION FOR A LICENSE TO OPERATE A RETAIL FOOD ESTABLISHMENT AND AGREE TO CONDUCT BUSINESS IN COMPLIANCE WITH THE LAWS OF THE STATE OF NEW JERSEY AND THE ORDINANCES OF THE TOWNSHIP OF HILLSIDE, IN THE COUNTY OF UNION, AND ORDINANCES AND REGULATIONS OF THE HILLSIDE HEALTH DEPARTMENT OF THE SAID TOWNSHIP OF HILLSIDE.

DATE OF APPLICATION _____

SIGNATURE OF APPLICANT _____

THIS APPLICATION MUST BE COMPLETED BEFORE LICENSE IS ISSUED OR RENEWED

PREMISES INSPECTED AND APPROVED FOR LICENSE BY:

NAME: _____ DATE: _____

LICENSE NO: _____ DATE: _____ FEE: _____

CHECK OR MONEY ORDER ONLY MADE PAYABLE TO: TOWNSHIP OF HILLSIDE