



**TOWNSHIP OF HILLSIDE  
HEALTH DEPARTMENT**

Municipal Building  
Liberty and Hillside Avenues  
Hillside, New Jersey 07205

**Dahlia O. Vertreese  
Mayor**

**Hope M. Smith, MPA  
Business Administrator**

**APPLICATION FOR LICENSE TO OPERATE A RETAIL FOOD ESTABLISHMENT**

**EXPIRES JUNE 30, 2025**

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**