

SANDYSTON TOWNSHIP BOARD OF HEALTH

133 ROUTE 645

SANDYSTON, NJ 07826

973-948-3520, extension 201

APPLICATION FEE: EXEMPT

Secretary: Theresa Doyle

**APPLICATION FOR PERMIT TO OPERATE
RETAIL FOOD HANDLING ESTABLISHMENT**

Retail food handling licenses are non-transferable.

DATE: _____

APPLICANT: _____

CONTACT PERSON: _____

TRADE NAME: _____

BUSINESS LOCATION: _____

MAILING ADDRESS: _____

PHONE # _____

FAX # _____

EMAIL _____

SOCIAL SECURITY or FEDERAL ID #: _____

SALES & USE TAX #: _____

WHAT FOODS TO BE PREPARED OR PROCESSED: _____

SOURCE OF MILK & MILK PRODUCTS: _____

NUMBER OF FOOD HANDLERS: _____

NAME OF CURRENT EMPLOYEE OR MEMBER WITH CERTIFICATION & DATE ISSUED: _____

DATE ATTENDED FOOD HANDLERS COURSE _____

COPY OF CERTIFICATION MUST BE ON FILE WITH TOWNSHIP

The undersigned has read and understands the provisions of the Township Ordinances regulating food handlers and retail food handling establishments and understands the requirements of these ordinances must be met.

Applicant's Signature: _____