

TEMPORARY RETAIL FOOD LICENSE APPLICATION

(VENDOR)

LICENSE # _____

APPLICANTS NAME _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

APPLICANT IS _____ INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION

PHONE # BUSINESS _____

OTHER CONTACT # OF APPLICANT _____

BRIEF LIST OF ITEMS SOLD _____

LICENSE FEES

TEMPORARY \$10.00

CASH _____

CHECK # _____

RETURN APPLICATION TO:

ANDOVER TOWNSHIP
BOARD OF HEALTH
134 Newton-Sparta Rd
NEWTON, NJ 07860

"I hereby certify that all the information contained in the application is true and complete to the best of my knowledge. It is agreed that this license may be revoked for any infraction of the requirements of the State of New Jersey Department of Health and/or Andover Township Board of Health."

Signature of Applicant

Date

ALL FOOD LICENSES EXPIRE ON JULY 31ST OF EACH YEAR