

**TOWNSHIP OF
OCEAN**
Board of Health
50 RAILROAD AVENUE
WARETOWN, NJ 08758
(609) 693-3302 x221

Application for Retail Food Handling Establishment license-Mobile Food Handling Establishment License

Name of Applicant _____

Trade Name of Establishment _____

Kind of Establishment _____

Physical Address of Establishment _____

Mailing Address if different from above _____

Telephone # of Establishment _____

Telephone # for Emergencies _____

** If mobile Unit-License- Plate # of Vehicle to be Licensed _____

Print Name of Applicant and Title

Signature of Applicant

Date: _____

Fee: \$25.00, must accompany application.
Please make checks payable to: **Township of Ocean.**
All applications must be submitted no later than, June 15th.

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For Board of Health Use Only:

Mailed _____ Obtained in Person _____ Date _____

License # _____ Approved By: _____

Check No. _____