

**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 \_\_\_\_\_

Email Address \_\_\_\_\_

\*\* 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 15<sup>th</sup>**.*

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For Board of Health Use Only:

Mailed \_\_\_\_\_ Obtained in Person \_\_\_\_\_ Date \_\_\_\_\_

License # \_\_\_\_\_ Approved By: \_\_\_\_\_

Check No. \_\_\_\_\_