

FOOD LICENSE
Englishtown Auction Sales Location

****FEE IS BASED OFF OF PRODUCT BEING SOLD AT YOUR LOCATION**

Trade Information

BUSINESS/TRADE NAME:

BUSINESS STREET ADDRESS:

BUSINESS PHONE NUMBER:

BUSINESS FAX:

BUSINESS EMAIL:

Owner Information

OWNER(S) NAME:

STREET ADDRESS

OWNER PHONE NUMBER:

OWNER E-MAIL

24 HOUR EMERGENCY CONTACT NAME:

PHONE #

Location Information

Englishtown Auction Sales – 1. Booth Location _____ or 2. Outdoor Stand _____ Street Location _____

Mobile Units 1. Make of Vehicle _____ 2. Vehicle License Plate: _____ 3. Name of Base of Operations _____

Description of the Food Business (check all that apply):

___ sells prepackaged foods not requiring refrigeration or freezing (ie crackers, cookies, candy)

___ sells prepackaged foods that require refrigeration or freezing (ie milk, dairy, ice cream)

___ prepares or handles food on site for sale (including coffee and frozen dessert)

___ serves sushi - or – smokes, cures or cans food on the premises (will require completion of separate form)

You are being licensed under Township of Manalapan Ordinance 256 and Chapter 24 of the New Jersey State Sanitary Code (also referred to as N.J.A.C. Ch 8:24). In consideration of such license, I hereby agree at all times to conduct the said premises in conformance with the purposed, intent and provisions of Township of Manalapan Ordinance 256, Chapter 24 of the New Jersey State Sanitary Code, other ordinances of the Board of Health, the amendments and supplements thereto and other ordinances of the Municipality and statutory laws of the State of New Jersey relating to the conduct of such business.

I have read all the above requirements and stipulations and understand them.

Signature of

Applicant: _____ **Date:** _____

OFFICIAL USE ONLY

LAST INSPECT _____ REHS APPROVAL _____

DATE RECEIVED _____ COURTESY CARD _____ LICENSE # _____ RISK # _____

CASH or CHECK # _____ PEDDLER LIC _____ NOTES: _____