

**FOOD LICENSE  
Manalapan Location**

**\*\*\*FEE WILL BE DETERMINED BASED ON NUMBER OF SEATS AND/OR SQUARE FOOTAGE**

**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**

**Manalapan Fixed Locations -**

1. Square feet of establishment (including storage) \_\_\_\_\_ 2. Number of seats \_\_\_\_\_  
3. Name & Phone number of Dumpster Disposal Service \_\_\_\_\_  
4. Name & Phone number of Grease Disposal Service \_\_\_\_\_

**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 \_\_\_\_\_ LICENSE # \_\_\_\_\_ RISK # \_\_\_\_\_

CASH or CHECK # \_\_\_\_\_ PEDDLER LIC \_\_\_\_\_ NOTES: \_\_\_\_\_