



MANALAPAN TOWNSHIP BOARD OF HEALTH
120 Route 522, Manalapan, NJ 07726

APPLICATION
FOR FOOD ESTABLISHMENT LICENSE
2023

Please review the following information and make all necessary changes on form.
Complete the checklist on the back, sign the form and mail with check for the
appropriate amount (fee schedule below).

ESTABLISHMENT CONTACT NAME

Name of Establishment: _____

Full Address: _____

Telephone Number: _____

Risk Type: _____

Seats and/or Sq. Feet: 0 seats / 0 Sq.
Feet _____

OWNER CONTACT INFORMATION

Name of Owner(s): _____

Mailing Address: _____

Telephone Number: _____

Corporate Office: _____

Email: _____

LOCAL EMERGENCY CONTACT INFORMATION

Name: _____

Phone Number: _____

Mobile: _____

Email: _____

	ON or BEFORE 12/31/2022	AFTER 12/31/2022 (renew only)
Mobile/Retail Prepackaged Foods	\$100.00	\$150.00
1-50 seats or less than 3,001 square feet	\$125.00	\$185.00
51-200 seats or 3,001 square feet to 10,000 square feet	\$250.00	\$375.00
201 seats or more, or more than 10,000 square feet	\$375.00	\$575.00

FOOD PROTECTION MANAGER CERTIFICATION

Those certifications highlighted in yellow have expired. Please provide copies of any new certifications or mark delete if employee is terminated. For new employees, please add information and provide copies of certifications.

Name of Certified Personnel	Position of Responsibility	Certification Exp	Delete	New

Checklist:

- Form received and changes made, as necessary.
- Emergency contact information provided in the event of fire, power loss etc.
- Copies of all new and/or updated food manager certificates enclosed.
- All taxes and water/sewer accounts are paid and up to date.
- A check for the proper amount (to "Manalapan Township") is enclosed.
- Bottom of application is signed and dated.

By making this application, I (we) agree to comply with all the Ordinances of Manalapan Township and the State of New Jersey that regulate such establishments. It is further agreed that I (we) shall surrender this license if rescinded by the Board of Health.

Signature of Owner: _____ Date: _____

For Health Dept. Use Only:

Exempt from Certification Requirement? Yes No

License Number Issued: _____ Date: _____ Amt: _____ Check: Cash