



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

**APPLICATION**  
**FOR FOOD ESTABLISHMENT LICENSE**  
**2024**

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).

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**ESTABLISHMENT CONTACT NAME**

**Name of Establishment:** \_\_\_\_\_

**Full Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Risk Type:** \_\_\_\_\_

**# Seats and/or Sq. Feet: 0 seats / 0 Sq. Feet** \_\_\_\_\_

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**OWNER CONTACT INFORMATION**

**Name of Owner(s):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Corporate Office:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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**LOCAL EMERGENCY CONTACT INFORMATION**

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

	<b>ON or BEFORE 12/31/2023</b>	<b>AFTER 12/31/2023(renew only)</b>
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 It is further agreed that I (we) shall surrender this license if rescinded by the Board of Health.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