



TOWNSHIP OF CLINTON HUNTERDON COUNTY

1225 Route 31 South Lebanon, NJ 08833
Phone: 908-735-8800 Fax: 908-735-8156



2024 LICENSE APPLICATION FOR ANNUAL FOOD HANDLING ESTABLISHMENT

Fee: \$250.00 (Please return this application with your check made payable to Clinton Township.)

I, or we, the undersigned, do hereby make application for a license to conduct a food handling establishment in the **Township of Clinton**, located at:

Name of Establishment:

Address of Establishment/Location:

City (Annandale/Clinton/Lebanon)

Zip Code:

Name of Owner/Contact:

Phone Number:

Email:

Address of where the license is to be mailed:

In making this application, I, or we, agree to comply with the ordinance of Retail Food Handling Establishment Code 1965 and the Laws of the State of New Jersey covering such establishments. It is further agreed that I, or we, will surrender this license, if granted, to the Hunterdon County Department of Health on demand as specified in the Code.

Print Name of Owner/Contact

Signature

Date

*Retail Food includes any establishment that prepares and serves food in any way.

NOTE: A pre-operational inspection by the Hunterdon County Health Department will be required of all **NEW** or **EXTENSIVELY REMODELED** retail food establishments **PRIOR** to validation of this license. **ALL BOARD OF HEALTH FOOD LICENSES EXPIRE ON DECEMBER 31st OF THE LICENSE YEAR.**

For Office Use Only:

Check Number:

License Number:

Date of Inspection:

Date Issued: