

**TOWNSHIP OF KINGWOOD BOARD OF HEALTH
HUNTERDON COUNTY
599 OAK GROVE ROAD
FRENCHTOWN, NEW JERSEY 08825
Telephone: 908-996-4276 X 226
Fax: 908-996-7753**

APPLICATION FOR RETAIL FOOD ESTABLISHMENT LICENSE

For period commencing January 1 and ending December 31 of the current year

Application is hereby made by the undersigned for a license pursuant to:

“AN ORDINANCE TO PROVIDE FOR THE LICENSING OF RETAIL FOOD ESTABLISHMENTS ESTABLISHING LICENSE FEES, PROVIDING FOR THE ENFORCEMENT AND ADMINISTRATION AND FIXING PENALTIES FOR THE VIOLATION THEREOF IN THE TOWNSHIP OF KINGWOOD, COUNTY OF HUNTERDON AND STATE OF NEW JERSEY.” Ordinance No. 5-3-85

1. Application for (check one): New License Renewal Transfer

2. Name of Applicant: _____
Mail Address: _____
City, State & Zip Code: _____
Telephone Number: _____

3. Check Applicable:
 Sole Proprietorship Partnership Corporation Other

If a partnership, state the names and addresses of all partners, secretary & registered agent:

Name: _____	Name: _____
Title: _____	Title: _____
Address: _____	Address: _____
_____	_____
Name: _____	Name: _____
Title: _____	Title: _____
Address: _____	Address: _____
_____	_____

4. Location of Premises:

Block No. _____ Lot No. _____

Street Address: _____

Property Owner of Record: _____

Address: _____

5. Describe Type of Operations:

(a) _____ Profit _____ Non-Profit

- _____ Church
- _____ Fire Company/Rescue Squad
- _____ Governmental
- _____ Other: _____

(b) _____ Temporary

- _____ Permanent
- _____ Vending Machine
- _____ Restaurant
- _____ Tavern/Cocktail/Lounge
- _____ Luncheonette/Diner
- _____ Bakery
- _____ Grocery/Delicatessen
- _____ Meat Market
- _____ Public Cafeteria/Dining Hall
- _____ Private Cafeteria/Dining Hall
- _____ Other: _____

6. Number and date of previous license: _____

7. Date of last inspection by Hunterdon County Health Department: _____

Application for a new license or renewal must be accompanied by the \$225.00 fee.

Authorized Signature: _____

Print or Type Name: _____

Position or Title: _____

Fee Paid: \$ _____ License No.: 2018 - _____ Date Issued: _____

Board of Health Secretary