

RETAIL FOOD HANDLING APPLICATION

Please return completed form along with your check or money order for \$25.00, payable to:
Marlboro Township 1979 Township Drive, Marlboro, New Jersey 07746

I, the undersigned, do hereby make application for a license to conduct a retail food handling establishment in the Township of Marlboro.

Business Trading Name: _____

Business Address: _____

Business Tel #: _____ Emergency Phone #: _____ E-Mail Address: _____

Mailing Address **If Other** Than Business Address: _____

In making this application, I/we agree to comply with all the Ordinances of the Township of Marlboro 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 Division of Health on demand. All food handlers are required to have a medical certificate.

Applicant's Name _____ Applicant Signature: _____ Date _____
(please print)

Inspection Date: _____



Names of Employees:

Addresses:



Zoning Officer: _____ Approved Denied Date _____

Recommendations: _____
