



FREEHOLD BOROUGH BOARD OF HEALTH

51 West Main Street
Freehold, NJ 07728
732-462-1259

2018 APPLICATION FOR FOOD ESTABLISHMENT LICENSE

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:

OWNER CONTACT INFORMATION

Name of Owner(s):

Mailing Address:

Telephone Number:

Corporate Office: YES/NO

LOCAL EMERGENCY CONTACT INFORMATION

Name: _____

Phone Number: _____

Mobile: _____

Email: _____

	ON or BEFORE 01/31/2017	AFTER 01/31/18 (renewal only)
1-50 seats or less than 3,001 square feet	\$100.00	\$150.00
51-200 seats or 3,001 square feet to 10,000 square feet	\$200.00	\$300.00
201 seats or more, or more than 10,000 square feet	\$300.00	\$450.00

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 reviewed 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 "Freehold Borough") is enclosed.
- Bottom of application is signed and dated.

By making this application, I (we) agree to comply with all the Ordinances of Freehold 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 It is further agreed that I (we) shall surrender this license if rescinded by the Board of Health.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: _____

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For Health Dept. Use Only:

Exempt from Certification requirement? Yes No

License number issued: _____ Date: _____ Amt: _____ Check: Cash: