

**TOWNSHIP OF CLINTON  
HUNTERDON COUNTY**



**APPLICATION FOR A PREPACKAGED FOOD HANDLING ESTABLISHMENT  
LICENSE FOR THE YEAR \_\_\_\_\_**

DATE: \_\_\_\_\_

Cash ( ) Check ( ) Money Order ( )  
FEE: \$125.00

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

\_\_\_\_\_  
**Establishment Name**

\_\_\_\_\_  
**Location Address**

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Mailing Address

Telephone #: ( ) \_\_\_\_\_ Alt. Phone #: ( ) \_\_\_\_\_

\*\*\*\*\*

Office Use Only:

Application received: \_\_\_\_\_ License Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_