

**BOARD OF HEALTH  
TOWNSHIP OF CLINTON  
HUNTERDON COUNTY**



**Brian Mullay  
Mayor**

**Vita Mekovetz, RMC/MMC/QPA  
Township Administrator**

**ANNUAL PRE-PACKAGED FOOD HANDLERS LICENSE APPLICATION  
FOR THE YEAR \_\_\_\_**

*Please return this application with your check in the amount of \$125.00  
made payable to Clinton Township*

Establishment Name: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Phone Number of Establishment: \_\_\_\_\_

Owner: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Address to where the license will be mailed:

\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**For Office Use Only:**

Check Number: \_\_\_\_\_ License Number: \_\_\_\_\_

Date Received: \_\_\_\_\_