

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



**Brian Mullay
Mayor**

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

**ANNUAL FOOD HANDLERS LICENSE APPLICATION
FOR THE YEAR _____**

*Please return this application with your check in the amount of \$250.00
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: _____