

**HAMPTON TOWNSHIP BOARD OF HEALTH
1 RUMSEY WAY
NEWTON, NEW JERSEY 07860
973-383-5570
Secretary Diana Juarez**

**APPLICATION FOR A PERMIT TO OPERATE A RETAIL FOOD HANDLING
ESTABLISHMENT**

Date: _____ **Date of Event(s):** _____

Applicant: _____ **Trade Name:** _____

Mailing Address: _____

Phone #: _____ **Email Address:** _____

Business Location: _____

Business Phone#: _____

Event Location(s): _____

Social Security/Federal ID#: _____

Sales & Use Tax #: _____

What Foods to Be Prepared or Processed: _____

Source of Milk & Milk Products: _____

of Food Handlers: _____

of Employees: _____

The undersigned has read and understands the provisions of the Township Ordinances regulating food handlers and retail food establishments and understands the requirements of these ordinances must be met.

Applicant's Signature: _____

TEMP. APPLICATION FEE \$25/DAY: _____

***NOTE: MOBILE UNIT PLEASE LIST LICENSE PLATE #:** _____