



RARITAN TOWNSHIP BOARD OF HEALTH  
 ONE MUNICIPAL DRIVE  
 FLEMINGTON, NJ 08822  
 PHONE 908.806.6101 FAX 908.806.7061

APPLICATION FOR LICENSE TO CONDUCT AN EATING OR DRINKING ESTABLISHMENT OR  
 FOOD HANDLING ESTABLISHMENT

DATE \_\_\_\_\_

I, OR WE, THE UNDERSIGNED DO HEREBY MAKE APPLICATION FOR A LICENSE TO CONDUCT A FOOD  
 ESTABLISHMENT IN THE TOWNSHIP OF RARITAN LOCATED AT:

Establishment Name	Street Address	City
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In making this application, I, or we, agree to comply with all the ordinances of the Township of Raritan and the laws of the State of New Jersey covering such establishments. It is further agreed that I, or we, will surrender this license, if granted, to the Hunterdon County Department of Health or Raritan Township Board of Health on demand.

Owner / Manager Signature	Owner / Manager Print Name <b>CLEARLY</b>
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Street Address

City	State	Zip Code
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Business Phone

Email Address

**LICENSE FEES AS FOLLOWS:**

(Please check One)

- FEE EXEMPT .....\$00.00
- RETAIL FOOD .....\$250.00
- SUPERMARKET .....\$350.00
- PRE-PACKAGED .....\$150.00
- MOBILE FOOD TRUCK .....\$250.00

**\$50 LATE FEE AFTER 12/31**

\*Retail Food includes any establishment that prepares and serves food in any way

\*Pre-Packaged includes any establishment that sells food as is, with NO preparation required

NOTE: A pre-operational inspection by the Hunterdon County Health Department will be required of all NEW or EXTENSIVELY REMODELED retail food establishments PRIOR to validation of this license.

**«ALL BOARD OF HEALTH FOOD LICENSES EXPIRE ON DECEMBER 31<sup>ST</sup> OF THE LICENSE YEAR»**

- FOR MUNICIPAL USE ONLY - DO NOT WRITE BELOW THIS LINE -

LICENSE # \_\_\_\_\_ FEE PAID \_\_\_\_\_ TYPE OF ESTABLISHMENT \_\_\_\_\_

DATE ISSUED \_\_\_\_\_ LATE FEE \_\_\_\_\_ FEE PAID TO COUNTY \_\_\_\_\_

FORM WILL BE RETURNED IF NOT COMPLETED IN ITS ENTIRETY