

**TOWNSHIP OF ROBBINSVILLE
APPLICATION FOR A LICENSE TO OPERATE
A RETAIL FOOD ESTABLISHMENT**

ESTABLISHMENT:		FEE:	\$
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Name of Establishment:			
Address of Establishment:			
Address you wish all Correspondence to be Mailed:			
Telephone: REQUIRED		Fax #:	
Email:			
Website:			
Name of Owner:			
Type of Ownership:	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
Name of Corporation			
President			
Mailing Address:			
Emergency Contact (Name):		Telephone:	
Email:		Fax#:	
<p>The Licensee by accepting a license hereunder accepts said license upon the condition that it may be suspended or revoked by the Governing Body of Township of Robbinsville at any time pursuant to local ordinance and State regulations. This license is not transferable and fees are non-refundable.</p>			
SIGNATURE OF OWNER:		DATE:	
FOR OFFICE USE ONLY:	License # issued:		

PLEASE RETURN TO:	TOWNSHIP OF ROBBINSVILLE ATTENTION: BOARD OF HEALTH 1 WASHINGTON BLVD. ROBBINSVILLE, NJ 08691
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