

Califon Borough Board of Health
Hunterdon County
PO Box 360
Califon, NJ 07830
908-832-7850

Application For Retail Food Establishment License

For Period Commencing:

Application is hereby made by the undersigned for a License Pursuant to: "AN ORDINANCE TO PROVIDE FOR THE LICENSING OF RETAIL FOOD ESTABLISHMENTS, ESTABLISHING LICENSE FEES, PROVIDING FOR ENFORCEMENT AND ADMINISTRATION AND FIXING PENALTIES FOR THE ISOLATION THEREOF IN THE BOROUGH OF CALIFON, COUNTY OF HUNTERDON, STATE OF NEW JERSEY."

Ordinance #1985-4 and amendment of ordinance 1989-002 and NJAC – 8:24

1) Application for: (Check one)

New License

Renewal

Transfer

2) Name of Applicant: _____

Mailing Address: _____

Establishment Address: _____

Email Address: _____

Telephone: _____

Trade Name: _____

3) Check which is applicable:

Sole Proprietorship Partnership Corporation Other

If Partnership, please state the names and addresses of all partners. Attach Schedule if necessary.
If Corporation, please state the names and addresses of President, Secretary and Registered Agent.

4) Location of Premise: Lot # _____ Block # _____

Street Address: _____

Property Owner of Record: _____

Address: _____

5) Describe type of operation (Check if Applicable)

Profit ()

Non-Profit ()

Church
Fire Company/Rescue Squad
Governmental

6) Name and date of previous license: _____

7) Date of last inspection by Hunterdon County Health Department: _____

8) Applicant for new license or renewal must be accompanied by check, money order or cash in the amount of \$225.00.

Authorized Signature: _____