

BOROUGH OF KEYPORT
DEPARTMENT OF HEALTH

Application is hereby made for a retail food handler license, as required and regulated by Chapter 24 of the N.J. State Sanitary Code, governing retail food establishment.

TRADE NAME _____ ADDRESS _____
BUSINESS PHONE # _____

BUSINESS OWNER
NAME _____ ADDRESS _____
PHONE# _____
(If there are multiple owners you must provide their information on the back of this application)

DATE: _____ SIGNATURE _____

IF LEASING, PROPERTY OWNER NAME _____
HOME ADDRESS _____ HOME PHONE # _____



NATURE OF BUSINESS: Restaurant _____ Mobile Unit _____
 Tavern _____ Organization _____
 Grocery _____ Prepackaged _____
 Deli _____ Other _____

IF RESTAURANT, TAVERN OR DELI - SEATING CAPACITY _____
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MOBILE UNIT ONLY

BASE OF OPERATION _____

ORGANIZATION

CLUB NAME _____ ADDRESS _____

PERSON IN CHARGE _____ TELEPHONE # _____

HOURS YOU MAY BE REACHED _____

DATE: _____ SIGNATURE: _____

OFFICE USE ONLY

DATE RECEIVED _____ FEE PAID _____
PERMIT # _____ YEAR _____
OFFICIALS SIGNATURE _____