



BOROUGH OF WHARTON ADMINISTRATIVE OFFICES

10 ROBERT STREET, WHARTON, NJ 07885-1997

973-361-8444 / Fax: 973-361-5281

HEALTH DEPARTMENT APPLICATION FOR FOOD & DRINK LICENSE

ESTABLISHMENT NAME: _____

OWNER'S NAME: _____
(CORPORATION/PARTNERSHIP IF APPLICABLE)

ADDRESS OF ESTABLISHMENT: _____

BLOCK AND LOT OF ESTABLISHMENT: _____

PHONE NUMBER OF ESTABLISHMENT: _____

EMAIL: _____

NAME AND ADDRESS AND TELEPHONE NUMBER OF RESPONSIBLE PARTY WHO LEGAL
PROCESS MAY BE SERVED UPON:

EMERGENCY TELEPHONE NUMBER FOR RESPONSIBLE PARTY _____

LOCATION OF ROOM(S) OR BUILDING WHERE FOOD & DRINK IS PERMITTED: ENTIRE
BUILDING YES _____ NO _____ IF THE ANSWER IS NO, SPECIFY WHICH FLOORS:

1ST _____ 2ND _____ 3RD _____

DESCRIPTION OF FOOD SERVICES TO BE RENDERED: _____

_____ Prepared on Site? Yes _____ No _____

In consideration of such a license, I(we) hereby agree at all times to conduct the said premises in conformance with the purposes, intent and provisions of the food handling establishment ordinance, the Food and Beverage Vending Machine Ordinance, the Solid Waste Disposal Ordinance and other ordinances of the Health Department, the amendments and supplements thereto, other ordinances of the municipality and statutory laws of the State of New Jersey relating to the conduct of such business.

Date

Signature of Applicant

Note: No license is transferable. Licenses may be suspended or revoked by the Borough upon violation of the purposes, intent or provisions of the ordinances stated upon. All renewals must be applied for and paid before January 1st of the ensuing year.

BOROUGH USE ONLY

License # _____ Date _____ Approved by: _____

Health Inspector