SANDYSTON TOWNSHIP BOARD OF HEALTH 133 ROUTE 645 SANDYSTON, NJ 07826

973-948-3520, EXT. 201

Secretary: Theresa Doyle

PERMIT TO OPERATE RETAIL FOOD HANDLING ESTABLISHMENT

Retail food handling licenses are non-transferable.

TEMPORARY FEE:	\$25.00
DATE OF EVENT:	
APPLICANT:	
CONTACT PERSON:	
TRADE NAME:	
BUSINESS LOCATION:	
MAILING ADDRESS:	
PHONE #	
FAX#	
EMAIL:	
SOCIAL SECURITY or FEDERA	L ID #:
SALES & USE TAX #:	
WHAT FOODS TO BE PREPAR	RED OR PROCESSED:
SOURCE OF MILK & MILK PR	ODUCTS:
NUMBER OF FOOD HANDLEF	RS:
NAME OF CURRENT EMPLOY	EE OR MEMBER WITH CERTIFICATION & DATE ISSUED:
COPY OF CURRENT CER	TIFICATION MUST BE ON FILE WITH TOWNSHIP
The undersigned has read an	nd understands the provisions of the Township Ordinances regulating food handlers and reta s and understands the requirements of these ordinances must be met.
Applicant's Signature:	