

TOWNSHIP OF HAMILTON
APPLICATION TO OPERATE A RETAIL FOOD ESTABLISHMENT

ESTABLISHMENT NAME: _____ LICENCE #: _____
(FOR DEPT. USE ONLY)

ADDRESS: _____ ZIP _____ PHONE #: _____

OWNERSHIP: *INDIVIDUAL* *PARTNERSHIP* *CORPORATION*

OWNERS NAME: _____ ADDRESS: _____

TYPE OF BUSINESS: *PERMANENT* *TEMPORARY* *MOBILE*

IF TEMPORARY: LOCATION OF EVENT _____ DATES OF EVENT _____

IF MOBILE LICENSE PLATE NUMBER: _____

LIQUOR LICENSE YES NO

ATTORNEY'S NAME: _____ ADDRESS: _____

PHONE NUMBER AFTER HOURS () _____

NAME OF LANDLORD (IF OTHER THAN SELF): _____ ADDRESS: _____

PHONE #: _____

DATE OF APPLICATION: _____

INSPECTOR: _____

***IF INCORPORATED PLEASE ATTACH CURRENT
CERTIFICATE OF INCORPORATION.**

I CERTIFY TO THE BEST OF MY KNOWLEDGE ALL FACTS AND DATA SUPPLIED ARE TRUE AND CORRECT.

SIGNATURE OF APPLICANT: _____

APPLICATION TO OPERATE A RETAIL FOOD ESTABLISHMENT
TOWNSHIP OF HAMILTON

ESTABLISHMENT NAME: _____ LICENSE #: _____
(FOR DEPT. USE ONLY)

ADDRESS: _____ PHONE #: _____

OWNERSHIP: INDIVIDUAL PARTNERSHIP CORPORATION

OWNER'S NAME: _____ ADDRESS: _____

TYPE OF BUSINESS: PERMANENT TEMPORARY MOBILE

IF TEMPORARY: LOCATION OF EVENT _____ DATES OF EVENT _____

IF MOBILE LICENSE PLATE NUMBER: _____

YOUR LICENSE YES NO

TORNEY'S NAME: _____ ADDRESS: _____

HAMILTON TOWNSHIP DIVISION OF HEALTH

2100 GREENWOOD AVE

PO BOX 00150

HAMILTON NJ 08650-0150

*IF INCORPORATED PLEASE ATTACH CURRENT
CERTIFICATE OF INCORPORATION.

PHONE NUMBER AFTER HOURS () _____

NAME OF LANDLORD (IF OTHER THAN SELF) _____

DATE OF APPLICATION: _____

INSPECTOR: _____