



TOWNSHIP OF HAMILTON

DEPARTMENT OF HEALTH, RECREATION, SENIORS, AND VETERANS SERVICES

DIVISION OF HEALTH – 2100 Greenwood Avenue, Hamilton, NJ 08609 *Office (609) 890-3828 *Fax (609) 890-6093

APPLICATION FOR RETAIL FOOD ESTABLISHMENT LICENSE – 2026

NEW APPLICATION

RENEWAL

CHANGE OF OWNERSHIP

ESTABLISHMENT INFORMATION

Establishment Name: _____

Street Address: _____ Zip Code: _____

On-Site Telephone: (____) ____ - _____

Fax: (____) ____ - _____

On-site Email: _____ Hours of Operation: _____

After Hours Emergency Number: (____) ____ - _____

After Hours Contact Name: _____

Regional Manager's Name: _____ Regional Manager's Telephone: _____

OWNERSHIP INFORMATION

Ownership: INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____

Owner's Name: _____

Owner's Address: _____

Owner's Phone Number: (____) ____ - _____

Name of Landlord: _____

Landlord Address: _____

Landlord Phone Number: (____) ____ - _____

****REQUIRED DOCUMENTATION:** The following **must** be included with the application or your license will not be issued.

____ Copy of Food Protection Manager(s) Certificates (Risk Level 3 & 4 ONLY)

____ Menu (Only if changed since last year)

____ Copy of Owner or Regional Manager's driver's license or government ID

____ Copy of Business Registry (Register your business at: <https://hamiltonnj.com/businessregistry>)

I, _____, hereby apply for a license to operate a retail food establishment and agree to comply with, and abide by, all the provisions of N.J.A.C. 8:24 of the New Jersey Sanitary Code and all local codes regulating retail food establishments. I further understand that this license is not transferable and may be revoked upon violation of these codes. I certify that all facts and data supplied are true and correct to the best of my knowledge.

SIGNED: _____

Date: ____/____/____

(FOR OFFICIAL USE ONLY)

RISK LEVEL: _____ FEE: _____ PENALTY _____ TOTAL _____ LICENSE # ISSUED: _____

DATE RECEIVED: _____ CHECK #: _____ CASH CREDIT

***Checks payable to: Township of Hamilton**

RETURN FORM & FEE TO:

**Township of Hamilton
Department of Health**

**2100 Greenwood Ave
Hamilton NJ 08609**