

**LONG HILL TOWNSHIP BOARD OF HEALTH**  
**APPLICATION FOR FOOD LICENSE**

Year: \_\_\_\_\_

Please check type of operation:

- |       |  |          |
|-------|--|----------|
| _____ | Prepackaged goods only (w/no milk, eggs or dairy)  | \$ 50.00 |
| _____ | Aisles of Prepackaged goods                        | \$ 70.00 |
| _____ | Prepackaged goods w/eggs, milk and dairy products  | \$ 90.00 |
| _____ | Retail Food Establishment (under 2,000 sq. ft.)    | \$100.00 |
| _____ | Retail Food Establishment (2,000 - 5,000 sq. ft.)  | \$135.00 |
| _____ | Retail Food Establishment (5,000 - 10,000 sq. ft.) | \$165.00 |
| _____ | Retail Food Establishment (Over 10,000 sq. ft.)    | \$400.00 |
| _____ | Temporary Retail Food Establishment                | \$ 30.00 |
| _____ | Mobile Retail Food Establishment                   | \$110.00 |
| _____ | Catering   | \$110.00 |
| _____ | Farmers Market                                     | \$ 75.00 |

**Late Fee (renewals only - after January 31<sup>st</sup>) Double License Fee**

(Retail Food Establishment includes restaurants, foodmarkets, taverns, liquor stores.)

Business Name: \_\_\_\_\_

Business Location: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Business Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Food Handling License mailed to (if different from Business Location):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Please check one of the following:

\_\_\_\_\_ Individual                      \_\_\_\_\_ Partnership                      \_\_\_\_\_ \*Corporation

\*If a corporation, please list the names and addresses of officers:

\_\_\_\_\_

\_\_\_\_\_

**Bernards Township Health Department**

262 South Finley Avenue  
Basking Ridge, NJ 07920  
P. 908.204.2520 F. 908.204.3075  
www.bernardshealth.org

*Contractual Health Agency for:*  
Bernards Township  
Bernardsville Borough  
Chester Borough  
Long Hill Township  
Mendham Borough  
Peapack and Gladstone Borough



Description of Food Services to be rendered: \_\_\_\_\_

*In consideration of such license, I hereby agree at all times to conduct the said premises in conformance with purposes, intent, and provisions of the Food Handling Establishments Ordinance, Chapter 12 of the State Sanitary Code; other ordinances of the Long Hill Township Board of Health, 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.*

*No license shall be transferable. License may be suspended or revoked by the Board of Health upon violation of the purpose, intent, and provisions of the Food Handling Establishments Ordinance, other ordinances of the Long Hill Township Board of Health, other ordinances of the municipality, and statutory laws of the State of New Jersey relating to the conduct of such business.*

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Applicant's Title)

\_\_\_\_\_  
(Date)

**PLEASE MAKE ALL CHECK PAYABLE TO "TOWNSHIP OF LONG HILL"**

Send application and payment to:  
Long Hill Township Board of Health  
915 Valley Road  
Gillette, NJ 07933

*It is the owner/operator's responsibility for fulfilling requirements of all other relevant local or state entities including Division of Weights & Measures, NJDEP, Construction, Fire, Plumbing Electrical, etc.  
Division of Weights & Measures 973-285-2955*



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