

**SAYREVILLE BOARD OF HEALTH
FOOD LICENSE APPLICATION
RETAIL FOOD ESTABLISHMENTS**

Please fill out Section A through C completely.

A. BUSINESS OWNER INFORMATION

NAME _____
HOME ADDRESS _____
HOME TELEPHONE _____ EMAIL _____

B. ESTABLISHMENT INFORMATION

BUSINESS TRADE NAME _____
BUSINESS ADDRESS _____
BUSINESS TELEPHONE _____
NUMBER OF EMPLOYEES _____
TYPE OF BUSINESS _____

C. BUILDING OWNER INFORMATION

NAME – OWNER OF BUILDING _____
BUILDING OWNER'S ADDRESS _____
BUILDING OWNER'S TELEPHONE _____

Check off section D only if establishment does not prepare food.

D. NON FOOD PREPARATION (packaged good only) \$30.00 _____

E. FILL IN: BOTH MUST BE COMPLETED.

SQUARE FOOTAGE _____
SEATING CAPACITY _____

OFFICE USE ONLY:

RECEIVED: _____ NEW BUSINESS: _____

AMOUNT PAID: _____