

**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 _____

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 _____

D. Vending Machines:

FEE: Please check which applies. Remember full fee applies to first unit only – each additional machine is \$5.00. For example, 2 potentially hazardous (\$30.00 + \$5.00) and 2 non-potentially hazardous (\$20.00 + \$5.00) = \$60.00 – any questions please ask.

_____ \$30.00	potentially hazardous foods (perishable goods) 1 st Unit	\$30.00 x 1 = _____
_____ \$ 5.00	each additional potentially hazardous machine	\$5.00 x _____ = _____
_____ \$20.00	non-potentially hazardous foods (non-perishable goods) 1 st Unit	\$20.00 x 1 = _____
_____ \$ 5.00	each additional machine non-potentially hazardous machine	\$5.00 x _____ = _____

Total.....\$ _____

OFFICE USE ONLY:

RECEIVED: _____

NEW BUSINESS: _____

AMOUNT PAID: _____