

**Holmdel Township**  
**4 Crawfords Corner Rd.**  
**Holmdel, NJ 07733**  
(732) 946-2820 x 1212 (phone)  
(732) 946-0116 (fax)

***APPLICATION FOR FOOD HANDLER'S LICENSE***

January 1, 2020 through December 31, 2021

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

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

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

Number of Employees: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

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

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

Name of Manager/Service Company: \_\_\_\_\_

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

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

**THIS LICENSE IS FOR THE TYPE OF ESTABLISHMENT CHECKED BELOW. CHANGE IN  
USE REQUIRED TO BE REPORTED TO HOLMDEL TOWNSHIP PRIOR TO THE CHANGE  
BEING INSTITUTED.**

*Type of Establishment (check one)*

- |  |  |
|--|--|
| <input type="checkbox"/> Restaurant                    | <input type="checkbox"/> Retail Farm Market                        |
| <input type="checkbox"/> Luncheonette                  | <input type="checkbox"/> Fast Food Restaurant                      |
| <input type="checkbox"/> Tavern/Cocktail Lounge        | <input type="checkbox"/> Supermarket/Retail Food Establishments    |
| <input type="checkbox"/> Day Care Center               | <input type="checkbox"/> Day Care Center/Pre-packaged foods only   |
| <input type="checkbox"/> Office/Plant/school Cafeteria | <input type="checkbox"/> Day Care Center/Non-profit & Church Halls |
| <input type="checkbox"/> Nursing Homes                 | <input type="checkbox"/> Retail Store Pre-packaged food            |
| <input type="checkbox"/> Mobile Unit                   | <input type="checkbox"/> One Day Function                          |
| <input type="checkbox"/> Temporary Farm Stand          | <input type="checkbox"/> Other _____                               |

**(Turn Over)**

***As indicated in the enclosed letter, please note the following:***

Facilities whereby fees are determined by square footage of the kitchen preparation and dining areas are required to indicate the square footage of same.

Facilities whereby fees are established by the number of seats are required to provide same.

Establishments, which are considered non-profit, are required to submit their tax-exempt number.

Mobile units are required to provide vehicle registration and serial numbers.

Square footage of kitchen preparation and dining areas: \_\_\_\_\_

Square footage of establishment (supermarket & retail): \_\_\_\_\_

Square footage of establishment (retail farm market): \_\_\_\_\_

Number of seats (if applicable): \_\_\_\_\_

Non-Profit Exempt Number: \_\_\_\_\_

Vehicle Registration Number: \_\_\_\_\_ Serial No.: \_\_\_\_\_

I hereby certify by my signature that I will comply with the Regulations of Chapter 12 of the State Sanitary Code of New Jersey, which governs Retail Food Establishments. By my signature I am acknowledging that I am aware that the license is not transferable and that prior to instituting any change in use I am required to notify the Township.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**FOR HEALTH OFFICE USE ONLY**

Application and Fee Received on: \_\_\_\_\_

License Number: \_\_\_\_\_ Fee \$ \_\_\_\_\_

**ALL CHECKS TO BE MADE PAYABLE TO:**

**HOLMDEL TOWNSHIP**