

APPLICATION, CERTIFICATE OF INSURANCE AND FEE MUST
BE DELIVERED TO HEALTH DEPARTMENT WITH MANALAPAN
ARTS COUNCIL ENDORSEMENT BY JUNE 12, 2012

FEE \$35.00

HEALTH DEPARTMENT
TOWNSHIP OF MANALAPAN
120 ROUTE 522, MANALAPAN, NJ 07726
Phone: (732) 446-8345
Fax: (732) 446-1576

APPLICATION FOR LICENSE TO SELL FOOD AT MANALAPAN DAY

NAME OF OPERATION/ORGANIZATION: _____

NAME OF OWNER: _____ PHONE: _____

ADDRESS: _____ CITY _____ ST _____ ZIP _____

IF ASSOCIATED WITH FOOD BUSINESS: NAME _____

ADDRESS _____

DESCRIPTION OF FOODS FOR SALE: _____

FOOD SUPPLIER(S) _____

You are being licensed under Township of Manalapan Ordinance and Chapter 24 of the New Jersey State Sanitary Code (also referred to as N.J.A.C. Ch. 8:24; 1-1 et. Seq.) in consideration of such license, I hereby agree at all times to conduct the said premises in conformance with the purposed, intent and provisions of Township of Manalapan Ordinance, Chapter 24 of the New Jersey State Sanitary Code, other ordinances of the Board of Health, the amendments and supplements thereto and other ordinances of the Municipality and statutory laws of the State of New Jersey relating to the conduct of such business.

I have read all the above requirements and stipulations and understand them.

SIGNATURE OF APPLICANT: _____

DATE _____ TITLE: _____

For MAC/Health Department

MAC APPROVAL: _____ APPLICATION RECEIVED: _____ FEE RECEIVED: _____
INSURANCE CERTIFICATE: _____