

**FOOD & DRINK AND/OR MILK LICENSE APPLICATION**

**PLEASE COMPLETE ALL SECTIONS BELOW – WRITE N/A IF SECTION DOES NOT APPLY**

The undersigned do hereby apply for a license for the period ending  
**December 31, \_\_\_\_\_ from the premises trading as:**

**Business Name & Address:**

\_\_\_\_\_

Phone #:

\_\_\_\_\_

E-mail address: \_\_\_\_\_

**OWNERSHIP:** (check one) Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Name: \_\_\_\_\_ Hm Phone # \_\_\_\_\_ Wk Phone# \_\_\_\_\_

Home Address: \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Registered Agent/Manager(s):

Home Phone # : \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**REGULAR BUSINESS DAYS & HOURS:**

\_\_\_\_\_

**GARBAGE DISPOSAL METHOD:** (check one) Town \_\_\_\_\_ Private \_\_\_\_\_ Dumpster \_\_\_\_\_

If private hauler, Name: \_\_\_\_\_ Address: \_\_\_\_\_

Collection days: \_\_\_\_\_ Phone: \_\_\_\_\_

**RECYCLING METHOD:** Town \_\_\_\_\_ If private company, Name: \_\_\_\_\_

Address: \_\_\_\_\_ List Items Recycled: \_\_\_\_\_

\_\_\_\_\_

EXTERMINATOR: Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Frequency: \_\_\_\_\_ Services Performed: \_\_\_\_\_

UTILITIES: City Water \_\_\_\_\_ or Well Water \_\_\_\_\_ / Septic System \_\_\_\_\_ or Public Sewer: \_\_\_\_\_

SHELL FISH SUPPLIER: Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Products Received: \_\_\_\_\_

MILK SUPPLIER: Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Products Received: \_\_\_\_\_

FOOD PREPARATION: Which foods are prepared in advance? (12 or more hours in advance of service)

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Do you use fresh eggs, pasteurized eggs or both in food preparation?

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SALADS: Made on premises (please list):

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SALADS: Products Purchased (please list):

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**LIST ALL CURRENT EMPLOYEES:** (use another sheet if necessary)

NAME: _____	POSITION: _____

I, the undersigned, hereby agree to operate the aforementioned retail food establishment in accordance with the provisions of the Township of Randolph's "Retail Food Establishments" ordinance as well as those set out in N.J.S.A. 8:24-1 et seq.

I understand that no license will be granted unless the establishment meets all requirements of the fire, building sanitary, electrical and plumbing codes of the Township of Randolph and that no license will be issued until a satisfactory inspection has been completed by the Randolph Health Department. I further understand that said establishment will be subject to routine inspections throughout the year by the Randolph Township Health Department

**FEE SCHEDULE**

**FOOD & DRINK:** [Circle One:]

Type 1 = \$80.00

Type 2 = \$200.00

Type 3 = \$400.00

Type 4 = \$250.00

Food & Drink: \$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_

Signature of Owner/Operator: \_\_\_\_\_  
Title: \_\_\_\_\_

**Please make check or money order payable to RANDOLPH TOWNSHIP and mail to:**

**HEALTH DEPARTMENT  
502 MILLBROOK AVENUE  
RANDOLPH, NJ 07869**

1/10

**FOR AGENCY ONLY**

License Fee Received: \_\_\_\_\_ Date: \_\_\_\_\_ License Number: \_\_\_\_\_