



TOWN OF CLINTON

INCORPORATED APRIL 5, 1865

43 Leigh St., P.O. Box 5194

Clinton, N.J. 08809-5194

(908) 735-8616 FAX (908) 735-8082

**APPLICATION FOR FOOD LICENSE TO CONDUCT A RETAIL
FOOD HANDLING ESTABLISHMENT**

I, or We, the undersigned, do hereby make application for a license to conduct a food handling establishment in the Town of Clinton.

Name of Business _____ Date _____

Street Address _____ Business Phone _____

Owner's Name _____

Type of Business _____ Alternate Phone _____

Does your establishment currently have a:

“Satisfactory” inspection status from the Hunterdon County Health Department
(White Placard) _____

OR

“Conditionally Satisfactory” inspection status from the Hunterdon County Health Department?
(Yellow Placard) _____

IN MAKING THIS APPLICATION THE OWNER AND APPLICANT AGREE TO:

1. Abide by the regulations as set forth in N.J.A.C. 8:24 et. Seq.
2. Comply at all times with the State Sanitary Code, Chapter 12, and/or amendments thereto, and/or any other codes promulgated and applicable Local, State and Federal laws.
3. Surrender this license to the N.J. Department of Health upon demand as specified in the State Sanitary Code.
4. Submit sealed plans to the Hunterdon County Health Department of any alteration or expansion of the food service operation for the Department's review and approval.

***** THIS LICENSE IF NOT TRANSFERRABLE *****

SIGNED: _____ **DATE** _____

FEES: One (1) check made payable to the Town of Clinton in the amount of \$225.00
(Of this, \$200.00 is the County's fee and \$25.00 is the Town's fee)

FOR TOWN USE ONLY

License Number _____ **County Inspections:** _____

Date: _____

Date: _____