



Office of the Township Clerk
95 West Veterans Highway
Jackson, NJ 08527
Phone: 732-928-1200 ext. 1200-1201 | Fax: 732-928-4377

RETAIL FOOD LICENSE APPLICATION

RETAIL FOOD LICENSES ARE VALID UNTIL DECEMBER 31 AND MUST BE RENEWED ANNUALLY

Application is hereby made to the Board of Health and to Jackson Township for a license to operate a _____

(Specify Type of Business)

on the premises of _____

(Address of Business Establishment)

If granted, this license is to be issued in the name of _____

Trading as: _____

Name and address of applicant _____

Business # _____ Alternate Telephone # _____ email address: _____

Does this establishment provide catering or delivery? _____

Are foods prepared at another location? _____, If YES, please provide name and address of the location below:

(Name and Address of Location of where food is prepared)

If establishment is owned by an out of state owner or corporation, please provide name and address of regional office, name of contact person, telephone number and email address:

Do Not Complete Below:

HEALTH OFFICER'S INSPECTION REPORT

Inspection of the above premises was completed on _____ and it is recommended that The licensed BE _____ NOT BE _____ issued. If recommendation is for non-issuance, attach inspection report.

HEALTH OFFICER

Date Payment Received (\$20.00- annual fee): _____ Payment Type: Cash/Check

In person or by mail: 95 West Veterans Highway, Jackson, NJ, 08527