



# TOWNSHIP OF BERKELEY HEIGHTS

29 Park Avenue  
Berkeley Heights, NJ 07922

Phone: (908) 464-2700  
Fax: (908) 464-5888

## 2020 APPLICATION FOR RETAIL FOOD ESTABLISHMENT / MILK LICENSE

APPLICATION DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ # OF EMPLOYEES: \_\_\_\_\_

CORPORATION NAME (If Incorporated): \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

EMERGENCY NO: ( ) \_\_\_\_\_

Type of License Applying For:

- ( ) Class 1 - \$ 50.00                      ( ) Milk License - \$ 50.00
- ( ) Class 2 - \$ 100.00
- ( ) Class 3 - \$ 300.00
- ( ) Class 4 - \$ 450.00
- ( ) Class 5 - \$ 600.00

**NOTE:** Your application will NOT be processed until payment is received.  
A \$25.00 Late Fee applies for licenses received after January 21<sup>st</sup>, no exceptions.

Return your completed application, along with check (made payable to "**Township of Berkeley Heights**") to:

**Board of Health  
Township of Berkeley Heights  
29 Park Avenue  
Berkeley Heights, NJ 07922**

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### HEALTH DEPARTMENT:

I Recommend:      ( ) Approval      ( ) Disapproval

Payment Received \_\_\_\_\_

    o Amount \$ \_\_\_\_\_

    o Check # \_\_\_\_\_

\_\_\_\_\_  
Health Officer