

Princeton Regional Health Commission
 One Monument Drive
 P.O. Box 390
 Princeton, NJ 08542
 Fax: 609-924-7627 office: 609-497-7608

APPLICATION FOR FOOD HANDLERS LICENSE

DATE: November 7, 2012

The undersigned does hereby make application for a license to conduct an eating or drinking establishment at

Name of Establishment:	
Address:	
Phone Number:	
Fax no.	Email address:

In making this application, the undersigned does hereby agree to comply with all Ordinances and Regulations of the Township and Borough of Princeton and the laws of the State of New Jersey governing such establishments. (THIS IS TO BE FILLED OUT COMPLETELY OR LICENSE WILL NOT BE ISSUED)

Please return by: _____ (There will be an \$100.00 late fee charge for those who are late.)

Are you planning to cater? (If you plan to participate in any of the temporary events within Princeton then you should mark ..yes..) Yes _____ or No _____ Fee for catering is an additional \$75.00

Please add the appropriate fees on this table.	
Annual Fee:	\$
Catering Fee:	\$75.00
Re-inspection Fee:	
Late Fines:	\$100.00
Subtotal:	
Total:	\$

List owner's name (s)	Print here:	
Home address (s)		
Owner's Signature		
Owner's Tel. Numbers		Emergency no.

Are you a tobacco merchant? _____ Yes _____ No

HEALTH DEPARTMENT USE ONLY

License Number: _____ Date Issued: _____
 New owners: _____ Date new owners purchased the business: _____
 Risk category: _____

David A. Henry, Health Officer