



HOWELL TOWNSHIP

APPLICATION FOR FOOD HANDLER'S LICENSE

2023/4244

Date _____

License Number Issued _____

Establishment Contact Information: (Please print clearly)

Name of Establishment: _____

Full Address: _____

Telephone Number: _____ Number of Seats _____ Square Feet: _____

BLOCK _____ LOT _____

Please provide copies of corporate documents, Certificate of formation or Articles of Incorporation

Legal Name of Owner(s): _____

Address: _____

Phone Number _____ Cell Number _____

Name of Owner: _____

Renewals to be mailed to: _____

All **Mobile Vendors and vehicle operators** must have a police background check before a license will be issued. To inquire, contact the Township Clerk's Office. All mobile vendors must be inspected by the Monmouth County Board of Health and receive a *Satisfactory Certificate before a license is issued*. For inspection call 732-431-7456.

\$100 Fee

- **Mobile Vendor:** Monmouth County Satisfactory Certificate must accompany this application.

Operator's Vendor Solicitation# _____ License Plate# _____

Operator's Vendor Solicitation# _____ License Plate# _____

Operator's Vendor Solicitation# _____ License Plate# _____

Where is your commissary / Base of Operations? _____

\$50 Fee

- Agricultural Market/Retail _____

\$50 Fee

- Liquor Store Selling Pre-Packaged Snacks _____
- Vendor Selling Pre-Packaged Candy, Cakes, Nuts _____ (A letter must be attached stating where the merchandise was purchased, how it is being stored and the location).

Temporary Retail Food Establishment one (1) thru seven (7) consecutive days

Location _____ Dates _____

Event _____ (Food Procedure Must Be Attached

Along with Satisfactory from your Local Health Department)

\$25 Fee _____

Exempt - Non-Profit Organization must have Tax Exempt Number _____

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2023 - 2024

Check Applicable Category (see fee schedule below)

- | | | | |
|---------------------------|-----------------------|----------------------------|-----------------------|
| Bakery | <input type="radio"/> | Organization/Preschool | <input type="radio"/> |
| Catering Kitchen/Hall | <input type="radio"/> | Restaurant | <input type="radio"/> |
| Cafeteria Public/Private | <input type="radio"/> | Short Order Café' | <input type="radio"/> |
| Coffee Shop | <input type="radio"/> | Snack Bar/Luncheonette | <input type="radio"/> |
| Convenience Store | <input type="radio"/> | Sandwich/Sub Shop | <input type="radio"/> |
| Delicatessen | <input type="radio"/> | School/Institution | <input type="radio"/> |
| Frozen Dessert | <input type="radio"/> | Tavern/Bar/Cocktail Lounge | <input type="radio"/> |
| Grocery Store/Food Market | <input type="radio"/> | Tearoom | <input type="radio"/> |
| Meat/Poultry/Fish | <input type="radio"/> | Vending (location): | <input type="radio"/> |

Other: _____

PLEASE PAY WHICHEVER IS GREATER IN SEATS OR SQUARE FEET	Post Marked Before Jupg 32, 2023	Post Marked After Jupg 32, 2023
1-50 seats or less than 3,000 square feet	\$100.00	\$150.00
51-200 seats or 3,001 square feet to 10,000 square feet	\$200.00	\$250.00
201 seat or more, or more than 10,000 square fee	\$300.00	\$350.00
Exempt- Non-Profit Organization must have Tax Exempt Number: _____		

Risk Categories 3 & 4 must provide proof of a Food Protection Manager certificate from a program recognized by the Conference of Food Protection prior to opening.

All new retail food establishments must obtain approval from the MCHD prior to applying for a Howell Food Handlers license.

The undersigned agrees to operate the aforementioned food-handling establishment in accordance with the provisions of an ordinance entitled Retail Food Establishment code, Chapter 241 of Howell Township and the New Jersey State Sanitary Code, Chapter 24 governing the operation of retail food handling establishments.

Signature _____ Date _____

All Food Handler Licenses expire July 30st of every year. To avoid a \$50.00 late fee, applications must be post marked by June 30, 2021.

Please make checks payable to **Howell Township**. The office is located at 4567 Route 9 North in the Howell Municipal Building, second floor. The mailing address is Howell Township Clerk's Office, P.O. Box 580, Howell, NJ 07731-0580. Questions may be directed to 732-938-4500 ext. 2241 Monday thru Friday 8:30 – 4:30pm.