



# MINE HILL TOWNSHIP

Municipal Building ~ 10 Baker Street ~ Mine Hill, New Jersey 07803

Deputy Township Clerk  
Marcia H. Istvan  
CMR

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Fax: 973-366-1626  
Clerk@MineHill.com

## Application for a License to Conduct a Retail Food Handling Establishment

Pursuant to the Township of Mine Hill's Retail Food Handling Establishment Code, application is hereby made for a License to Conduct a Retail Food Handling Establishment in the Township of Mine Hill.

Name of Applicant: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Location: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Check here if Non-Profit\*:   
\*Proof of non-profit status may be required

Type of Business:

Prepackaged Goods (\$50.00)	<input type="checkbox"/>
Non-seating (\$75.00)	<input type="checkbox"/>
Restaurant Seating 0-25 (\$150.00)	<input type="checkbox"/>
Restaurant Seating 26-100 (\$200.00)	<input type="checkbox"/>
Restaurant Seating 101+ (\$250.00)	<input type="checkbox"/>
Supermarket over 25,000 sf. (\$300.00)	<input type="checkbox"/>
Temporary or Mobile (\$75.00)	<input type="checkbox"/>

Event/Season Date(s): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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### FOR MUNICIPAL USE ONLY

Application Reviewed and Approved by Zoning: \_\_\_\_\_ Date: \_\_\_\_\_

Application Reviewed and Approved by Health: \_\_\_\_\_ Date: \_\_\_\_\_

License No: \_\_\_\_\_ License Issue Date: \_\_\_\_\_

Signature of Issuing Clerk: \_\_\_\_\_