



**FREEHOLD TOWNSHIP BOARD OF HEALTH**  
**1 Municipal Plaza, Freehold Township, NJ 07728**

**2025 APPLICATION**  
**FOR FOOD ESTABLISHMENT LICENSE**

Please fill in the following information on this form. Complete the checklist on the back, sign the form and mail with check for the appropriate amount (fee schedule below).

**ESTABLISHMENT CONTACT NAME**

**Name of Establishment:** \_\_\_\_\_  
**Full Address:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_  
**Risk Type:** \_\_\_\_\_  
**# Seats and/or Sq. Feet:** \_\_\_\_\_

**OWNER CONTACT INFORMATION**

**Name of Owner(s):** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_  
**Corporate Office:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**LOCAL EMERGENCY CONTACT INFORMATION**

**Name:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_  
**Mobile:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

	ON or BEFORE 01/31/2025	AFTER 01/31/2025 (renewal only)
Mobile units	\$100.00	\$100.00
1-50 seats or less than 3,001 square feet	\$125.00	\$185.00
51-200 seats or 3,001 square feet to 10,000 square feet	\$250.00	\$375.00
201 seats or more, or more than 10,000 square feet	\$375.00	\$575.00

## FOOD PROTECTION MANAGER CERTIFICATION

Please fill in the information below and provide copies of certifications.

Name of Certified Personnel	Position of Responsibility	Certification Exp

### Checklist:

- ☐ Form received and completed.
- ☐ Emergency contact information provided in the event of fire, power loss etc.
- ☐ Copies of all food manager certificates enclosed.
- ☐ All taxes and water/sewer accounts are paid and up to date.
- ☐ A check for the proper amount (to "Freehold Township") is enclosed.
- ☐ Bottom of application is signed and dated.

By making this application, I (we) agree to comply with all the Ordinances of Freehold Township and the State of New Jersey that regulate such establishments. It is further agreed that I (we) shall surrender this license if rescinded by the Board of Health.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
For Health Dept. Use Only:

Exempt from Certification Requirement?      Yes ☐      No ☐

License Number Issued: \_\_\_\_\_ Date: \_\_\_\_\_ Amt: \_\_\_\_\_

Check: ☐ Cash ☐