

BOARD OF HEALTH
BOROUGH OF MOUNT ARLINGTON
419 HOWARD BOULEVARD
MT. ARLINGTON, NJ 07856

2020 APPLICATION FOR RETAIL FOOD HANDLERS LICENSE

****PLEASE COMPLETE ALL SECTIONS****

TRADE NAME _____

ESTABLISHMENT STREET ADDRESS _____

ESTABLISHMENT MAILING ADDRESS _____

ESTABLISHMENT TELEPHONE NUMBER _____

TYPE OF ESTABLISHMENT _____
(PLEASE ELABORATE)

OWNER _____

OWNER ADDRESS _____

OWNER TELEPHONE NUMBER _____

OPERATOR _____

OPERATOR ADDRESS _____

OPERATOR TELEPHONE NUMBER _____

DATE

SIGNATURE OF APPLICANT/OWNER

FOR BOARD OF HEALTH USE ONLY

LICENSE NO. _____ NEW _____ RENEWAL _____ FEE PAID _____

DATE ISSUED _____