

ANDOVER BOROUGH
DEPARTMENT OF HEALTH
973-786-6688 * FAX 973-786-7231

APPLICATION FOR RETAIL FOOD ESTABLISHMENT LICENSE

PLEASE MAKE CHECKS PAYABLE TO BOROUGH OF ANDOVER

NEW APPLICATION **RENEWAL**

Date: _____

Establishment Trade Name: _____

Establishment Information:

Address: _____

Phone #: _____ **Fax:** _____

Manager or Person in Charge: _____

Certified Food Handler: _____

Hours of Operation: _____

Seating Capacity: _____ **License Class #:** _____

Square Footage of Est: _____ **# of Employees:** _____

Emergency Phone #: _____

OWNER INFORMATION AND MAILING ADDRESS:

Name: _____

Address: _____

Email Address: _____

Contact #: _____

Mail License To: **Establishment** **Owner**

GREASE HAULER: _____ **PHONE #** _____

GARBAGE HAULER: _____ **PHONE #** _____

RECYCLING HAULER: _____ **PHONE #** _____

EXTERMINATOR: _____ **PHONE #** _____

<u>TYPE</u>	<u>FEE</u>
Permanent Retail Food Establishment	\$75.00
Temporary Food Establishment	\$250.00
Religious and NonProfit Retail Food Establishment	\$1

Official Use Only
License # _____
Check # _____
Fee Submitted _____

**** Fees are due annually and are payable on the first day of August of each year. ****