

Township Of Millburn  
Health Department  
375 Millburn Avenue  
Millburn, NJ 07922



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### FOOD LICENSE APPLICATION

OFFICE USE: \_\_\_\_\_ License Application

Business Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Town) (Zip)

Owner: \_\_\_\_\_ Corporation: \_\_\_\_\_  
(Name) (Name) (President)

Address: \_\_\_\_\_  
(Street) (Town) (Zip)

Business Fax #: \_\_\_\_\_ Emergency Tel. #: \_\_\_\_\_

Corporate Tel. #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

I hereby certify that the following information  
Supplied in this application is true and correct: \_\_\_\_\_  
(Signature/Title) (Date)

### CHECKS PAYABLE TO: TOWNSHIP OF MILLBURN

**\*\*\*FILL OUT BOTH PAGES OF APPLICATION & PRINT CLEARLY\*\*\***

**\*\*\*\*\*BELOW IS OFFICE USE ONLY\*\*\*\*\***

Type License	License No.	Fee	Approved By	Date
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

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**TYPE OF LICENSE**

**FOOD LICENSE**

**Restaurants**

**Seating under 50 @ \$100.00**

**Seating over 50 @ \$200.00**

**Mobil Truck (s):**

**\$100.00**

Driver's Name(s): ..... License Plate(s): .....

Temporary Events: **\$50.00**

**SWIMMING POOL LICENSE**

**\$200.00**

Designated Adult Supervisor: .....

Trained Pool Operator: ..... Tel. #: .....

Are safety employees' certifications current?  Yes/ No

**VENDING MACHINE LICENSE**-\$25.00-each machine-Attach additional sheets if necessary.

Machine Location (s):            Number:            Type (i.e. candy, soda, and sandwich):

.....  
.....  
.....

**OFFICE USE ONLY:**

**Cash:** ..... **Check Amount:** ..... **Check #** ..... **Check date:** .....

**Received by Initial:** ..... **Date received:** .....