



TOWNSHIP OF BERKELEY HEIGHTS

29 Park Avenue
Berkeley Heights, NJ 07922

Phone: (908) 464-2700
Fax: (908) 464-5888

2021 APPLICATION FOR RETAIL FOOD ESTABLISHMENT / MILK LICENSE

APPLICATION DATE: _____

BUSINESS NAME: _____ EMAIL: _____

BUSINESS ADDRESS: _____

PHONE: () _____ FAX: () _____

TYPE OF BUSINESS: _____ # OF EMPLOYEES: _____

CORPORATION NAME (If Incorporated): _____

OWNER NAME: _____

OWNER ADDRESS: _____

EMERGENCY NO: () _____

Type of License Applying For:

- () Class 1 - \$ 50.00 () Milk License - \$ 50.00
- () Class 2 - \$ 100.00
- () Class 3 - \$ 300.00
- () Class 4 - \$ 450.00
- () Class 5 - \$ 600.00

NOTE: Your application will NOT be processed until payment is received.
A \$25.00 Late Fee applies for licenses received after January 18th, no exceptions.

Return your completed application, along with check (made payable to "**Township of Berkeley Heights**") to:

**Board of Health
Township of Berkeley Heights
29 Park Avenue
Berkeley Heights, NJ 07922**

HEALTH DEPARTMENT:

I Recommend: () Approval () Disapproval

Payment Received _____

 o Amount \$ _____

 o Check # _____

Health Officer