

Borough of Mountain Lakes

Board of Health

400 Boulevard

Mountain Lakes, New Jersey 07046

Telephone: (973) 334-3131

Fax: (973) 402-5595

APPLICATION FOR LICENSE, OR FOR RENEWAL OF LICENSE, TO OPERATE AND/OR CONDUCT A FOOD AND DRINK ESTABLISHMENT IN THE BOROUGH OF MOUNTAIN LAKES.

License Fee: \$

All licenses expire December 31st of each year

DATE _____

TRADE NAME OF ESTABLISHMENT: _____

ADDRESS OF ESTABLISHMENT: _____

TELEPHONE NUMBER OF ESTABLISHMENT: _____

OWNER'S NAME: _____

ADDRESS: _____

Is Ownership by an Individual _____ Partnership _____ or Corporation _____

If Corporation, please list names and addresses of officers:

Telephone number where owner can be reached (other than establishment): _____

Please indicate where notices and mail should be sent: _____

Name of Manager _____ Phone _____

Description of food services requested to be licensed for: _____

SOURCE OF MILK SOLD: _____

Will any alcoholic beverages be sold? _____

Intended hours of operation _____

Number of employees _____

I hereby understand that if I am granted a license to establish, operate and conduct a Food Handling Establishment in the Borough, I will agree to abide by all the rules and regulations established by the Board of Health or its authorized representatives and the rules and regulations of the New Jersey State Department of Health, Chapter 12 of the State Sanitary Code.

FOR MOBILE FOOD VENDORS, ARRANGEMENTS MUST BE MADE WITH THE HEALTH DEPARTMENT TO HAVE EACH VEHICLE INSPECTED PRIOR TO ISSUANCE OF A FOOD AND DRINK LICENSE.

SIGNED _____

TITLE _____

INSPECTED _____ APPROVED _____ LICENSE # _____