

**TOWNSHIP OF LACEY
DEPARTMENT OF COMMUNITY DEVELOPMENT
BOARD OF HEALTH**

**818 LACEY ROAD , FORKED RIVER, NJ 08731
(609) 693-1100 EXT. 2251 FAX (609) 693-8466**

ADMINISTRATIVE SECRETARY DCD – SUSAN CONNOR

LACEY TOWNSHIP FOOD ESTABLISHMENT OWNERS

Food Establishment Licenses are **due for renewal** on or about **January 1, of each year** and must be submitted **NO LATER THAN JANUARY 31, 2015.**

Please ***complete the enclosed application*** and return with your check payable to Lacey Township in the amount of ***\$75.00*** for a Food Establishment License.

You must submit a copy of the most recent **Sanitary Inspection Report** issued by the Ocean County Board of Health, prior to the issuance of your yearly license.

If you are the owner of a Food Establishment in which you conduct your business you must provide this office with ***proof of paid taxes*** from the Tax Collector's Office located within the Municipal Building.

If you are leasing said property you must provide a ***copy of a current lease*** signed and dated by you and your landlord if not already on file with our office.

We are located in the Lacey Township Municipal Building, Board of Health Office, 818 Lacey Road in Forked River. Our office hours are from 8:30 am to 4:30 pm Monday through Friday.

NOTE: IF YOU ARE MAILING IN YOUR APPLICATION OR APPLYING IN PERSON PLEASE MAKE SURE YOU ENCLOSE/BRING YOUR MOST RECENT **SANITARY INSPECTION REPORT** ISSUED BY THE COUNTY, SO THERE WILL BE NO DELAY IN ISSUING YOUR LICENSE FOR THE YEAR.

Thanking you in advance for your cooperation in this matter.

Susan Connor, Administrative Secretary DCD
Lacey Township Board of Health
Department of Community Development

LACEY TOWNSHIP BOARD OF HEALTH
818 LACEY ROAD
FORKED RIVER, NEW JERSEY 08731
(609) 693-1100 Ext. 2247

APPLICATION FOR RETAIL FOOD ESTABLISHMENT LICENSE

The proper fee must accompany application.
Please make checks payable to *Lacey Township Board of Health*

Retail Food Establishment License \$75.00

(Chapter 362-2 License fees; expiration; renewal; posting)

NAME OF APPLICANT: _____

APPLICANTS MAILING ADDRESS: _____

KIND OF ESTABLISHMENT: _____

TRADE NAME OF ESTABLISHMENT: _____

ADDRESS OF ESTABLISHMENT: _____

TELEPHONE NUMBER OF ESTABLISHMENT: _____

TELEPHONE NUMBER FOR EMERGENCIES: _____

IF CORPORATION, NAME AND ADDRESS OF REGISTERED AGENT: _____

MILK & ICE CREAM OR ICE CREAM MIX OBTAINED FROM: _____

SHELL FISH OBTAINED FROM: _____

THE APPLICANT AGREES TO CONDUCT THIS BUSINESS ESTABLISHMENT IN ACCORDANCE WITH CHAPTER 12 OF THE NEW JERSEY STATE SANITARY CODE, ALL APPLICABLE LOCAL ORDINANCES, AND THE ORDINANCES AND RULES, AND REGULATIONS OF THE BOARD OF HEALTH. THE APPLICANT FURTHER UNDERSTANDS AND AGREES THAT SUCH LICENSE AS MAY BE ISSUED UPON APPROVAL OF THIS APPLICATION, MAY BE SUMMARILY REVOKED OR SUSPENDED FOR VIOLATIONS OF THE ABOVE MENTIONED CODE, ORDINANCES, RULES AND REGULATIONS.

DATE: _____

SIGNATURE OF APPLICANT

OFFICE OR TITLE

OFFICE USE

APPROVED BY: _____ DATE: _____ LICENSE # _____