

READINGTON TOWNSHIP BOARD OF HEALTH

APPLICATION FOR LICENSE

FOOD HANDLERS

Please return this application with your check in the amount of \$250  
made payable to – Readington Township

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_ (of establishment)

Owner/Contact Person: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

(if you wish license sent to  
a different address)

\_\_\_\_\_

Phone #:

(if different then above)

\_\_\_\_\_

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FOR OFFICE USE ONLY

Check # \_\_\_\_\_

Date Received: \_\_\_\_\_

License # \_\_\_\_\_