

READINGTON TOWNSHIP BOARD OF HEALTH

APPLICATION FOR LICENSE

FOOD HANDLERS – EXEMPT

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

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

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