



**Borough of Hamburg
Board of Health**

16 Wallkill Avenue, Hamburg, New Jersey 07419
Telephone: 973-827- 9230 ext. 4010 Fax: 973-827-0466

APPLICATION FOR FOOD HANDLER’S LICENSE

LICENSE FEE: \$25.00

Please make check payable to: *Borough of Hamburg*

Establishment Contact Information: (Please print clearly)

Name of Establishment: _____

Full Address: _____

Telephone Number: _____

Owner Contact Information:

Name of Owner(s): _____

Mailing Address: _____

Telephone Number: _____ E-mail Address: _____

Mailing Information for Future Correspondence:

Name: _____

Address: _____

By making this application, I (we) agree to comply with all the Ordinances of the Borough of Hamburg and the laws of the State of New Jersey that regulate such establishments. It is further agreed that I (we) shall surrender this license, if rescinded by the Board of Health.

Signature of Owner: _____ Date: _____

Food Service Certification – Must be completed and copies of valid certification included. Application will not be processed without this information.

Name of Certified Personnel	Date of Initial Course Completed

For Board of Health Use Only:

License number issued: _____ Date: _____ Amount: \$_____ Check Cash