



For Office Use Only
Permit Number: _____
Date Issued: _____

APPLICATION FOR RETAIL FOOD HANDLING PERMIT

Fee: \$45.00

Date: _____

Name of Establishment: _____

Type of Business: _____

Business Address: _____

Name of Owner (Or Manager): _____

Website (if applicable): _____

Home Address: _____

Business Telephone: _____

Home Telephone: _____

Email Address: _____

**Please include a copy of the most current Board of Health Inspection with this application.*

Return to: Township Clerk's Office
PO Box 411
Mount Holly, NJ 08060