



**BOROUGH OF TINTON FALLS**  
**556 Tinton Avenue, Tinton Falls, NJ 07724**  
**APPLICATION**  
**FOR FOOD ESTABLISHMENT LICENSE**  
**2023**

Please provide the following information. Complete the checklist on the back, sign the form and mail with check for the appropriate amount (fee schedule below).

**ESTABLISHMENT CONTACT NAME**

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

**Full Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Risk Type:** \_\_\_\_\_

**# Seats and/or Sq. Feet:** \_\_\_\_\_

**OWNER CONTACT INFORMATION**

**Name of Owner(s):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Corporate Office:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**LOCAL EMERGENCY CONTACT INFORMATION**

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

	ON or BEFORE 12/31/2022	AFTER 3/31/2022 (renewal only)
Retail Pre Packaged Foods	\$75.00	+\$20.00
Mobile	\$150.00	+\$30.00
1-50 seats or less than 3,999 square feet	\$150.00	+\$30.00
51-100 seats or 3,999 square feet to 9,999 square feet	\$250.00	+\$50.00
101 seats or more, or up to 10,000 square feet	\$400.00	+\$80.00
10,001 square feet and over	\$700.00	+\$140.00
Special Food Handling Procedures	\$500.00	+\$100.00

\* Late fee will be applied to each month late.

### FOOD PROTECTION MANAGER CERTIFICATION

Those certifications highlighted in yellow have expired. Please provide copies of any new certifications or mark delete if employee is terminated. For new employees, please add information and provide copies of certifications.

Name of Certified Personnel	Position of Responsibility	Certification Exp	Delete	New

#### Checklist:

- ☐ Form received and changes made, as necessary.
- ☐ Emergency contact information provided in the event of fire, power loss etc.
- ☐ Copies of all new and/or updated food manager certificates enclosed.
- ☐ All taxes and water/sewer accounts are paid and up to date.
- ☐ A check for the proper amount (to "Borough of Tinton Falls") is enclosed.
- ☐ Bottom of application is signed and dated.

By making this application, I (we) agree to comply with all the Ordinances of the Borough of Tinton Falls and 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 It is further agreed that I (we) shall surrender this license if rescinded by the Board of Health.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: \_\_\_\_\_

.....  
For Health Dept. Use Only:

Exempt from Certification Requirement?      Yes ☐      No ☐

License Number Issued: \_\_\_\_\_ Date: \_\_\_\_\_ Amt: \_\_\_\_\_

Check: ☐ Cash ☐