



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 It is further agreed that I (we) shall surrender this license, if rescinded by the Board of Health.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

Name of Certified Personnel	Date of Initial Course Completed

For Board of Health Use Only:

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