



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

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**Owner Contact Information:**

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

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

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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**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 It is further agreed that I (we) shall surrender this license, if rescinded by the Board of Health.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 can not be processed without this information.**

Name of Certified Personnel	Date of Initial Course Completed

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**For Board of Health Use Only:**

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