

FRANKLIN BOARD OF HEALTH
46 Main Street, Franklin, NJ 07416

Official Use Only
Application # _____
Fee Paid \$ _____
Date Rec'd _____

APPLICATION FOR 2024/2025 LICENSE
TO OPERATE A RETAIL FOOD ESTABLISHMENT

APPLICATION MUST BE COMPLETED IN ITS ENTIRETY.

***** ALL FOOD HANDLING LICENSES EXPIRE JUNE 30th ****

I, or we, the undersigned, do hereby make application for a license to operate a Retail Food Establishment in the Borough of Franklin, New Jersey. In making this application, I, or we, agree to comply with all Ordinances of the Borough of Franklin, N.J., and the laws of the State of New Jersey covering such establishments. It is further agreed that I, or we, shall surrender this license, if granted, to the Department of Health upon demand.

PLEASE PROVIDE A COPY OF YOUR INSPECTION FROM THE SUSSEX COUNTY HEALTH DEPARTMENT. THE LICENSE WILL NOT BE ISSUED WITHOUT THIS DOCUMENT.

Application is made on behalf of: (check all applicable boxes) LLC

individual partnership corporation incorporated club unincorporated club governmental entity
 "Special Events Vendor" (Carnival, Circus, Recreation Event) Date of Special Event _____

Application Date: _____ **Square Footage of Facility:** _____

Food Handling Fee:

Late Fees (if not paid by June 30th)

<input type="checkbox"/> Small Facility (under 1000 sqft)	\$100.00	\$50.00 per mo.	
<input type="checkbox"/> Medium Facility (1001–1999 sqft)	\$150.00	\$75.00 per mo.	
<input type="checkbox"/> Large Facility (over 2000 sqft)	\$200.00	\$100.00 per mo.	
<input type="checkbox"/> Tax exempt organization 501(c)(3).	\$25.00	\$25.00 per mo.	
<input type="checkbox"/> Temporary (operating less than 30 days)	\$25.00	\$25.00 per mo.	
<input type="checkbox"/> Pre-packaged goods only:	\$25.00	\$25.00 per mo.	Total Fee \$ _____

Name of Corporation/Organization/Licensee: _____

Name to appear on the license if different: _____

Actual Physical Address located in Franklin Borough where the License is to be used:

Address where License is to be mailed if different from above:

Local Business Phone # _____ **FAX Number:** _____

Items to be sold: _____

___ **Pre-packaged** ___ **Prepared on premise**

Print Name and Home Address of the authorized individual(s) in connection with the use of this license:

Signature: _____ **Home Phone #** _____

Cell Phone # _____ **Email #** _____



Please return this application along with a check payable to **Borough of Franklin** to:
Franklin Borough Clerks Office, 46 Main Street, Franklin, NJ 07416