

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

**APPLICATION FOR 2025/2026 LICENSE  
TO OPERATE A RETAIL FOOD ESTABLISHMENT**

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

**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 CURRENT 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:**

Small Facility (under 1000 sqft) \$100.00  
 Medium Facility (1001–1999 sqft) \$150.00  
 Large Facility (over 2000 sqft) \$200.00  
 Tax exempt organization 501(c)(3). \$25.00  
 Temporary (operating less than 30 days) \$25.00  
 Pre-packaged goods only: \$25.00

**Late Fees (if not paid by June 30<sup>th</sup>)**

\$50.00 per mo.  
\$75.00 per mo.  
\$100.00 per mo.  
\$25.00 per mo.  
\$25.00 per mo.  
\$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