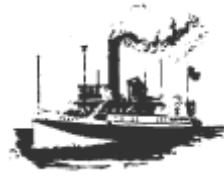


BOROUGH OF FAIR HAVEN

748 River Road



New Jersey 07704

APPLICATION FOR RETAIL FOOD ESTABLISHMENT LICENSE -2024

Date: _____

Name of Business: _____

Address: _____

Business Telephone # _____ Fax # _____

E-mail address: _____

Owner's Name: _____

Owner's Address: _____

Owner's Home Telephone # _____ Emergency # _____

Type of Establishment: _____

Square Footage of Building: _____

**By Applying for this license, I hereby agree to all Ordinances
and Regulations of the Board of Health, Borough of Fair Haven.**

Signed: _____

Title: _____

DO NOT WRITE BELOW THIS LINE

Date Application Received: _____ License Fee: _____

Type of Payment: _____ Cash _____ Check # _____

Receipt # _____

Date License Approved: _____

License #: _____