

Monroe Township

APPLICATION FOR LICENSE TO CONDUCT EATING OR DRINKING ESTABLISHMENT

License Fee: \$200.00 New License _____ Renewal License _____

I, or we, the undersigned, do hereby make application for a license to conduct an eating or drinking establishment in the Township of Monroe located at:

(Name of Establishment)

(Business Address)

(Business Phone)

In making this application I, or We, agree to comply with all the Ordinances of the Township of Monroe and the Laws of the State of New Jersey covering such establishment. It is further agreed that I, or We, will surrender this license, if granted to the Dept. of Health, on demand.

Owner(s) Print Name _____

Home Address _____

Cell No. _____ Home No. _____

Email Address _____

Signed (Owners) _____

For Health Inspections, please contact Jim Longo in the Health Dept. at 732-521-4400, Ext 192. Food Licenses will be issued in the Township Clerk's Office. Checks should be made payable to **Township of Monroe**.

Please attach or present a **Copy of a Valid Certificate of Authority** to collect sales tax as a condition of the issuance of a Municipal License.

FOR OFFICE USE ONLY

License No. _____

Date Issued _____

Fee Received _____

Inspected _____

Jim Longo, Health Inspector

