



**West Amwell Township**  
**Board of Health**  
150 Rocktown-Lambertville Road  
Lambertville, NJ 08530-3203  
Phone: 609-397-2054  
Fax: 609-397-8634

**2024**

**APPLICATION FOR LICENSE TO CONDUCT A RETAIL FOOD**

**HANDLING ESTABLISHMENT**

I, or we, the undersigned, do hereby make application for a license to conduct a food handling establishment in the Township of West Amwell located at:

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(Name of Establishment)

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(Physical Address of Establishment)

In making this application I, or we, agree to comply with all the ordinances of the **RETAIL FOOD HANDLING ESTABLISHMENT CODE 1965** and the Laws of the State of New Jersey covering such establishments.

It is further agreed that I, or we, will surrender this license, if granted, to the Department of Health on demand as specified in the Code.

Signed \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address (*If different than above*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application Received \_\_\_\_\_ Fee Paid \_\_\_\_\_

License Number \_\_\_\_\_ Date Issued \_\_\_\_\_

Inspected \_\_\_\_\_ Recommendations \_\_\_\_\_

\_\_\_\_\_  
Hunterdon County Health Dept., Enforcing Officer

Application for Food Handling License