

**SUSSEX BOROUGH BOARD OF HEALTH**  
2 Main Street, Sussex, NJ 07461

**APPLICATION FOR A LICENSE  
TO OPERATE A RETAIL FOOD ESTABLISHMENT**

I, or we, the undersigned, do hereby make application for a license to operate a Retail Food Establishment in the Borough of Sussex, New Jersey. In making this application, I, or we, agree to comply with all Ordinances of the Borough of Sussex, 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.**

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

- an individual  a partnership  a corporation  an incorporated club  an unincorporated club  
 a governmental entity  a "Special Events Vendor" ( e.g. Carnival, Circus, Recreation Event)

Date of Special Event: \_\_\_\_\_

**Food Handlers License Fee: \$75.00 annually**

**Prepackaged Food Only Fee: \$50.00 annually**

**NOTE: ALL FOOD HANDLING LICENSES EXPIRE DECEMBER 31<sup>st</sup>**

**Name of Organization / Licensee:**

Name to appear on the License Certificate: \_\_\_\_\_

Actual Physical Address/ Location in Sussex  
where the License is to be used: \_\_\_\_\_

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

Sussex Location Phone # \_\_\_\_\_

Items to be sold:

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

\_\_\_ Pre-packaged \_\_\_ Prepared on premise

Print Name and Home address of the authorized individual in connection with the use of this license:

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

Signature: \_\_\_\_\_ Phone# \_\_\_\_\_

**Please return this application to the Sussex Borough Municipal Building, Attention: Melissa Morales, 2 Main Street, Sussex, NJ 07461, along with the appropriate fee. Make checks payable to Borough of Sussex.**