

**TOWNSHIP OF CHATHAM**  
**BOARD OF HEALTH**  
58 Meyersville Road  
Chatham, NJ 07928

**APPLICATION FOR RETAIL FOOD ESTABLISHMENT LICENSE**

Pursuant to Ordinance BH-1-97, as amended  
To be submitted to Board of Health Secretary

**1. Name, address and telephone number of business or facility:**

\_\_\_\_\_  
\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**2. Location and brief description of the nature of applicant's business:**

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

**3. Name and e-mail address of person who will be in charge of applicant's establishment:**

\_\_\_\_\_  
\_\_\_\_\_ @ \_\_\_\_\_

**4. Period for which license is required:**

\_\_\_\_\_

**5. Estimated square footage of establishment, including storage areas:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Fee Paid:** \_\_\_\_\_

**No Fee:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of applicant or authorized agent**