RETAIL FOOD LICENSE APPLICATION

Please complete all fields. A copy of your driver’s license or a government-issued photo ID must be submitted with this license application.

**NAME OF ESTABLISHMENT**

Address of Establishment ___________________________ Block & Lot __________

**Establishment Phone #** ___________________________ Fax # __________________

**Person in Charge (PIC) Name** _______________________ Phone # __________________

**# of Food Handlers** ___________________________ **Square Footage** __________

**Establishment Email** ___________________________

**Type of Ownership**

☐ Individual  ☐ Partnership  ☐ Corporation  ☐ LLC  ☐ Other __________

**Business Owner Name(s)** ___________________________

**Business Owner Address** __________________________

**Business Owner Phone #** ___________________________ Email ______________________

**Property Owners Name** ___________________________ Phone # __________________

**Property Owner’s Address** __________________________

☐ Please check this box if you are non-profit. Please attach a copy of your 501(c)3 status

☐ Please check this box if you are a Risk Type 3 Establishment. Please provide a copy of your Certified Food Protection Manager Certificate (i.e. ServSafe, 360 Training, NRFSP or Prometric).

Licenses are valid from July 1st – June 30th of licensing year. Licenses are not transferable. License is void with change of ownership. A late fee of $50.00/per month will be assessed starting July 1st for all delinquent payments. *The fee is based on total square footage of your establishment, including serving, cooking, bar, dining and storage areas.

I attest that all of the information on this application is accurate to the best of my knowledge. By operating a business in the Town of Morristown, I realize that legal action may be taken for non-compliance of state and town laws along with the suspension and revocation of my Retail Food License.

Signature ___________________________ Date __________

Printed Name ___________________________

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***OFFICIAL USE ONLY***

**RECEIPT INFORMATION:**

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<th>Received By:</th>
<th>Fee Collected:</th>
<th>Check</th>
<th>Cash</th>
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Health Officer/Designee Approval __________________________

Date: __________

Comments:

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Rev. 7/20/18