



FREEHOLD BOROUGH BOARD OF HEALTH
30 Mechanic Street, Freehold, NJ 07728

2025 APPLICATION
FOR FOOD ESTABLISHMENT LICENSE

Please fill in the following information on this form. Complete the checklist on the back, sign the form and mail with check for the appropriate amount (fee schedule below).

ESTABLISHMENT CONTACT NAME

Name of Establishment: _____
Full Address: _____
Telephone Number: _____
Risk Type: _____
Seats and/or Sq. Feet: _____

OWNER CONTACT INFORMATION

Name of Owner(s): _____
Mailing Address: _____
Telephone Number: _____
Corporate Office: _____
Email: _____

LOCAL EMERGENCY CONTACT INFORMATION

Name: _____
Phone Number: _____
Mobile: _____
Email: _____

	ON or BEFORE 01/31/2025	AFTER 01/31/2025 (renewal only)
1-50 seats or less than 3,001 square feet	\$125.00	\$185.00
51-200 seats or 3,001 square feet to 10,000 square feet	\$250.00	\$375.00
201 seats or more, or more than 10,000 square feet	\$375.00	\$575.00

FOOD PROTECTION MANAGER CERTIFICATION

Please fill in the information below and provide copies of certifications.

Name of Certified Personnel	Position of Responsibility	Certification Exp

Checklist:

- Form received and completed.
- Emergency contact information provided in the event of fire, power loss etc.
- Copies of all food manager certificates enclosed.
- A check for the proper amount (to "Freehold Borough") is enclosed.
- Bottom of application is signed and dated.

By making this application, I (we) agree to comply with all the Ordinances of Freehold Borough and the State of New Jersey that regulate such establishments. It is further agreed that I (we) shall surrender this license if rescinded by the Board of Health.

Signature of Owner: _____ Date: _____

.....
For Health Dept. Use Only:

Exempt from Certification Requirement? Yes No

License Number Issued: _____ Date: _____ Amt: _____ Check: Cash