



Township of Wall Clerk's Office  
 2700 Allaire Road  
 Wall, NJ 07719  
 (732)449-8444 Ext. 2200  
 clerk@townshipofwall.com

**Annual Retail Food Establishment Application**

This application needs to be submitted by **December 31**.  
 Applications submitted after December 31 are subject to  
 late fees.

**Applicant Contact Information**

Company Name		Contact (owner) Name	
Owner's Address		E-mail Address	
Name of Establishment (Trade Name)		Establishment Address	
Block		Lot	
Owner Mailing Address		Secondary Mailing Address	
Business Phone		Cell Phone (unlisted)	

**Establishment Information**

Number of Seats	
Square Footage of Establishment	
Risk Type (Category 1-3)	

**Fees** **Late Fees** (if application and requirements are not completed by December 31)

Fee for the Establishment		Total Inclusive of Late Fee	
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Checks should be made payable to Wall Township\*

**Additional Requirements**

Requirement	Contact Phone Number	Contact Address	Contact Website /Email
Taxes & Utilities must be paid current with the Wall Township Collections Department	(732)449-8444 ext. 2600	2700 Allaire Road	<a href="http://www.wallnj.com/268/Collectors-Office">http://www.wallnj.com/268/Collectors-Office</a> <a href="mailto:knasti@wallfirebureau.com">knasti@wallfirebureau.com</a>
Satisfactory rating from the Board of Health	(732) 294-2060	1 Municipal Plaza, Freehold NJ 07728	<a href="http://twp.freehold.nj.us/health">http://twp.freehold.nj.us/health</a> <a href="mailto:health@twp.freehold.nj.us">health@twp.freehold.nj.us</a>

- By checking this box, I (we) consent that I have reviewed and understand Township Code Chapter 119 pertaining to food establishments
- By checking this box, I consent to comply with all of the Ordinances of the Freehold Township Health Department. It is further agreed that I (we) shall surrender this license if rescinded by the Health Department

I, or we, the undersigned, do hereby make application for a license to conduct an eating, drinking or food establishment:

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

**Food Protection Manager Certification**

Please provide copies of any new certifications or check delete if the employee has been terminated. For new employees, please add information and provide copies of certifications and check the box marked new.

Name of Certified Personnel	Position of Responsibility	Certification Expiration	Delete	New

**Township Use Only**

Utilities	Date	Employee	Taxes	Date	Employee
License #		Date Issued		Freehold BOH	
Amount		Check #			Date
Establishment Classification			Type of Facility		
Exempt from Certification Requirement (Yes or No)					