

**WALL TOWNSHIP
BOARD OF HEALTH
Application for License**

_____, 20____

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

(Name of Establishment)

(Location of Establishment)

In making this application I, or we, agree to comply with all the ordinances of the Township of Wall and the Laws of the State of New Jersey covering such establishments. It is further agreed that I, or we, will surrender this license, if granted, to the Department of Health on demand.

Signed: _____ Print Name: _____

Mailing Address (if different from above) Home Phone: _____

_____ Business Phone: _____

License No. _____

Date Issued: _____

Inspected: _____

Recommendations: _____

Sanitary Inspector

Return completed application and license fee of \$25.00 to:
Wall Township Board of Health, 2700 Allaire Road, Wall, NJ 07719