

**Lafayette Township
Board of Health
Sussex County, New Jersey**

Application for License to Conduct
an Eating or Drinking Establishment

Date _____

I, or we, the undersigned, do hereby make an application for a license to operate a retail food establishment in Lafayette Township, New Jersey at:

(Name of Establishment or Trade Name)

(Address)

(List Types of Food & Drinks to be Sold)

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

(Signature)

(Print Name)

(Mailing Address)

(Phone Number)

(Cell Number)

Please return this application to : Lafayette Township Board of Health
33 Morris Farm Road
Lafayette, NJ 07848

Please make check payable to Lafayette Township in the amount of \$50.00.