

**APPLICATION FOR BOARD OF HEALTH LICENSE**  
**Borough of New Milford, NJ**

Applicant \_\_\_\_\_ Trade Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

FAX number (must provide) \_\_\_\_\_

Email address (must provide) \_\_\_\_\_

1. The applicant hereby makes application to sell, operate or keep \_\_\_\_\_  
in the Borough of New Milford for the year \_\_\_\_\_.

If the applicant sells milk, milk products or frozen foods, the following information is required:

<u>PRODUCT</u>	<u>PROCESSOR</u>	<u>ADDRESS</u>
Milk & Ice Cream		
Ice Cream		
Frozen Foods		
Raw milk, except Certified, prohibited.		

I shall operate \_\_\_\_\_ vehicle(s) in the Borough of New Milford.

2. Certified Food Handler's Name, Number and Expiration date:  
\_\_\_\_\_

3. Certified Food Manager's Name, Number and Expiration date:  
\_\_\_\_\_

4. The undersigned makes application to conduct \_\_\_\_\_ business.

This application must be signed and returned to the Secretary of the Board of Health,  
930 River Rd., New Milford, NJ 07646.

License Fee \$ \_\_\_\_\_  
Restaurant Seating # \_\_\_\_\_

\_\_\_\_\_  
Print Name of Applicant

Please make check payable to:  
Borough of New Milford

\_\_\_\_\_  
Signature of Applicant