



# Borough of Red Bank

MUNICIPAL CLERK  
90 Monmouth Street  
Red Bank, NJ 07701

Pamela Hughes Borghi, RMC, CMR  
Municipal Clerk

Tel: (732) 530-2755  
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## BOROUGH OF RED BANK Application for Retail Food Establishment License

DATE \_\_\_\_\_

TRADE NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME OR  
EMERGENCY PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

TYPE OF ESTABLISHMENT \_\_\_\_\_

SOLID WASTE CONTRACTOR \_\_\_\_\_ PHONE \_\_\_\_\_

FEE:

**If you are a Risk Three Category restaurant, you must provide documentation that at least one person in charge has passed a food safety course accredited by the Conference for Food Protection.**

By applying for this license, I hereby agree to all Ordinances and Regulations of the Red Bank Board of Health.

SIGNED \_\_\_\_\_

TITLE \_\_\_\_\_

### **PLEASE HAVE FILLED OUT BY TAX OFFICE BEFORE RETURNING:**

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

ADDRESS \_\_\_\_\_

This is to certify that the property tax and water/sewer bill on the above property is paid to date.

Red Bank Tax Department

NOT PAID \_\_\_\_\_ AMOUNT OWING \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

APPLICATION RECEIVED \_\_\_\_\_ LICENSE FEE \_\_\_\_\_

LICENSE APPROVED \_\_\_\_\_ RECEIVED: CASH \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_ CHECK \_\_\_\_\_