



Borough of Red Bank

MUNICIPAL CLERK
90 Monmouth Street
Red Bank, NJ 07701

Tel: (732) 530-2777
Fax: (732) 530-2757

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: \$150, or \$250, or \$400

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.

NOT PAID _____ AMOUNT OWING _____ Red Bank Tax Department

DO NOT WRITE BELOW THIS LINE

APPLICATION RECEIVED _____ LICENSE FEE _____

LICENSE APPROVED _____ RECEIVED: CASH _____

LICENSE NUMBER _____ CHECK _____