



Township of Wall
 Clerk's Office
 2700 Allaire Road
 Wall, NJ 07719
 (732)449-8444 Ext. 2200
 clerk@townshipofwall.com

Annual Retail Food Establishment Application

This application needs to be submitted by **December 31**.
 Applications submitted after December 31 are subject to late fees.

| Applicant Contact Information | | | |
|--------------------------------------|--|---------------------------|--|
| Company Name | | Contact Name | |
| Applicant's Address | | E-mail Address | |
| Name of Establishment | | Establishment Address | |
| Block | | Lot | |
| Mailing Address | | Secondary Mailing Address | |
| Business Phone | | Cell Phone (unlisted) | |

| Fees | | | |
|--|--|-----------------------------|--|
| Establishment Listing (example: seating capacity up to 50 seats) | | Fee for the Establishment | |
| Late Fees | | | |
| Late Fee to be added (minimum \$20 or 20% of annual renewal whichever is greater) | | Total Inclusive of Late Fee | |

Checks should be made payable to Wall Township*

| Additional Requirements | | | |
|--|-------------------------|-----------------------|---|
| Requirement | Contact Phone Number | Contact Address | Contact Website |
| Taxes & Utilities must be paid current with the Wall Township Collections Department | (732)449-8444 ext. 2600 | 2700 Allaire Road | http://wallnj.com/ |
| Satisfactory rating from the Monmouth County Regional Health Commission | (732)493-9520 | 1540 West Park Avenue | http://www.mcrhc.org/ |

By checking this box, I consent that I have reviewed and understand Township Code Chapter 119 pertaining to food establishments

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

 Applicant's Signature

 Date

| For Township Use Only | | | | | |
|------------------------------|------|-------------|-------|------|----------|
| Utilities | | | Taxes | | |
| | Date | Employee | | Date | Employee |
| License # | | Date Issued | MCRHC | | |
| Amount | | Check # | | Date | |