

**WALL TOWNSHIP  
BOARD OF HEALTH  
Application for License**

\_\_\_\_\_, 20\_\_\_\_

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

\_\_\_\_\_  
(Name of Establishment)

\_\_\_\_\_  
(Location of Establishment)

Block \_\_\_\_\_ Lot \_\_\_\_\_

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

**(PLEASE PRINT LEGIBLY)**

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mailing Address (if different from above) Home Phone: \_\_\_\_\_

\_\_\_\_\_ Business Phone: \_\_\_\_\_

\_\_\_\_\_

Home Address:

\_\_\_\_\_

\_\_\_\_\_

For Official Use Only	Notes:
License No. _____	_____
Date Issued _____ Check # _____	_____