

**TOWNSHIP OF KINGWOOD BOARD OF HEALTH  
HUNTERDON COUNTY  
599 OAK GROVE ROAD  
FRENCHTOWN, NEW JERSEY 08825  
Telephone: 908-996-4276 x 226  
Fax: 908-996-7753**

**APPLICATION FOR RETAIL FOOD ESTABLISHMENT LICENSE**

**For period commencing January 1, 2024 and ending December 31, 2024**

**Application is hereby made by the undersigned for a license pursuant to:**

“AN ORDINANCE TO PROVIDE FOR THE LICENSING OF RETAIL FOOD ESTABLISHMENTS ESTABLISHING LICENSE FEES, PROVIDING FOR THE ENFORCEMENT AND ADMINISTRATION AND FIXING PENALTIES FOR THE VIOLATION THEREOF IN THE TOWNSHIP OF KINGWOOD, COUNTY OF HUNTERDON AND STATE OF NEW JERSEY.” Ordinance No. 5-3-85

**1. Application for (check one):**

☐ New License      ☐ Renewal      ☐ Transfer

Name of Applicant: \_\_\_\_\_

Mail Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**2. Check Applicable:**

☐ Sole Proprietorship    ☐ Partnership    ☐ Corporation    ☐ Other

If a partnership, state the names and addresses of all partners, secretary & registered agent:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**3. Location of Premises:**

Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_

Street Address: \_\_\_\_\_

Property Owner of Record: \_\_\_\_\_

Address: \_\_\_\_\_

**4. Describe Type of Operations:**

(a) \_\_\_\_\_ Profit \_\_\_\_\_ Non-Profit

\_\_\_\_\_ Church  
\_\_\_\_\_ Fire Company/Rescue Squad  
\_\_\_\_\_ Governmental  
\_\_\_\_\_ Other: \_\_\_\_\_

(b) \_\_\_\_\_ Temporary \_\_\_\_\_ Permanent

\_\_\_\_\_ Vending Machine  
\_\_\_\_\_ Restaurant  
\_\_\_\_\_ Tavern/Cocktail/Lounge  
\_\_\_\_\_ Luncheonette/Diner  
\_\_\_\_\_ Bakery  
\_\_\_\_\_ Grocery/Delicatessen  
\_\_\_\_\_ Meat Market  
\_\_\_\_\_ Public Cafeteria/Dining Hall  
\_\_\_\_\_ Private Cafeteria/Dining Hall  
\_\_\_\_\_ Other: \_\_\_\_\_

**5. Number and date of previous license:** \_\_\_\_\_

**6. Date of last inspection by Hunterdon County Health Department:** \_\_\_\_\_

**Application for a new license or renewal must be accompanied check made payable to:**

**TOWNSHIP of KINGWOOD**  
**In the amount of: \$225.00**

Authorized Signature: \_\_\_\_\_

Print or Type Name: \_\_\_\_\_

Position or Title: \_\_\_\_\_

\*\*\*\*\*

Township Use Only-Do not complet

Fee Paid: \$ \_\_\_\_\_ License No.: 2024 - \_\_\_\_\_ Date Issued: \_\_\_\_\_

\_\_\_\_\_  
**Board of Health Secretary**