



BOROUGH OF TINTON FALLS
556 Tinton Avenue, Tinton Falls, NJ 07724
APPLICATION FOR A NEW FOOD ESTABLISHMENT LICENSE

Complete the checklist on the back, sign the form and mail with check for the appropriate amount (fee schedule below). *ALL CHECKS SHOULD BE MADE PAYABLE TO THE BOROUGH OF TINTON FALLS.

NOTE: Credit card payments now accepted at TFpolice.org → Payments → Food License → Ref # is establishment name

ESTABLISHMENT CONTACT NAME

Name of Establishment: _____

Full Address: _____

Telephone Number: _____

Risk Type: _____

Seats and/or Sq. Feet: _____

OWNER CONTACT INFORMATION

Name of Owner(s): _____

Mailing Address: _____

Telephone Number: _____

Corporate Office: _____

LOCAL EMERGENCY CONTACT INFORMATION

Name: _____

Phone: _____

Number: _____

Mobile: _____

Email: _____

FEE SCHEDULE

	ON or BEFORE 01/31/2025	*AFTER 1/31/2025 (Renewal Only)
Mobile Food Trucks & Temporary Food Est	\$100.00	\$100.00
1-50 seats or less than 3,000 square feet	\$150.00	\$210.00
51-200 seats or 3,001 square feet to 10,000 square feet	\$250.00	\$375.00
201 seats or more, or more than 10,000 square feet	\$400.00	\$600.00

FOOD PROTECTION MANAGER CERTIFICATION

Those certifications highlighted in yellow have expired. Please provide copies of any new certifications or mark delete if employee is terminated. For new employees, please add information and provide copies of certifications.

Name of Certified Personnel	Position of Responsibility	Certification Exp	Delete	New

Checklist:

- Form received and changes made, as necessary.
- Emergency contact information provided in the event of fire, power loss etc.
- Copies of all new and/or updated food manager certificates enclosed.
- All taxes and water/sewer accounts are paid and up to date.
- A check for the proper amount {to "Borough of Tinton Falls"} is enclosed.
- Bottom of application is signed and dated.

By making this application, I (we) agree to comply with all the Ordinances of the Borough of Tinton Falls and the Slate of New Jersey that regulate such establishments. It is further agreed that I (we) shall surrender this license if rescinded by the Board of Health.

Signature of Owner: _____

Date: _____

For Health Dept. Use Only:
Exempt from Certification Requirement?

Yes

No

License Number Issued: _____

Date: _____

Amt: _____

Check:

Cash: