



**BOROUGH OF TINTON FALLS**  
**556 Tinton Avenue, Tinton Falls, NJ 07724**  
**APPLICATION FOR FOOD ESTABLISHMENT LICENSE**  
**2025**

Please review the following information and make all necessary changes on the form. 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.

**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**

|   | <b>ON or BEFORE 01/31/2025</b> | <b>*AFTER 1/31/2025 (Renewal Only)</b> |
|---|--------------------------------|--|
| 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 State 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: ☐