



Borough of Glassboro
1 So. Main Street
Glassboro, NJ 08028
856-881-9230 ext. 88140/ Fax 856-881-5320

FEE: _____
LICENSE #: _____
DATE ISSUED: _____

APPLICATION FOR LICENSE TO OPERATE A RETAIL FOOD ESTABLISHMENT

The undersigned does hereby make application to conduct a retail establishment within the Borough Of Glassboro:

Name of Establishment: _____

Address: _____

Block: _____ Lot: _____ Square Footage: _____

REQUIRED

Are Cigarettes Or Any Tobacco Related Products Sold In This Establishment? Yes__ No __

In making this application I or we agree to comply with all of the ordinances of the Board of Health and the laws of the State of New Jersey applicable to such establishments. It is further agreed that this license, if issued, will be surrendered to the Department of Health upon demand.

Owner Information:

Establishment Information:

Name of Owner

Trading Name

Address

Address

City, State, Zip Code

City, State, Zip Code

Phone Number

Phone Number

Name of Manager:

Phone Number:

Federal Tax Identification Number:

Days of Operation: Hours of Operation: _____

In the event of fire call the Glassboro Fire Department 881-5008. It is mandatory that the Health Department is notified in the event of a fire and that an inspection is conducted before the establishments re-opens.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!!!

Signature of Owner _____