APPLICATION FOR FOOD HANDLERS LICENSE

License Fee: \$50.00	License #:
Satisfactory Certificate from Ocean County Hea	alth Dept. (dated within the last year) attached?
The undersigned (individual) (agent) authorized to act on behalf of:	
(Name of Establishment) hereby makes application for permission to op Concession Stand * Food Store, within the mur	erate a <i>(CIRCLE ONE)</i> : Restaurant * Mobile Food Truck* nicipal limits of the Township of Brick, and specifically at:
(Address of Business)	
(Mailing Address, if different)	
Size & description of premises:	
Number of toilet facilities for patrons:	
	Male Female
Manner & method of sanitizing utensils:	
Are any rooms forming part of the premise use	d for living or sleeping quarters?
If so, describe:	
Are lockers provided for employee's clothing?	
Number of Employees:	Number of Lockers:
Are signs posted in toilets requiring employees	to wash hands after use of toilet?
Are containers provided for soiled linens, coats	& aprons?
Are walls, ceilings, shelving, partitions and door	rs surfaced with a washable material?
Are running hot & cold water, under pressure, which food is prepared or utensils are washed?	available on the premises to be licensed in all rooms in d running water, sanitary towels or air hand-drying
Are hand washing facilities, including hot & collaboration facilities provided in lavatories for patrons?	d running water, sanitary towels or air hand-drying
Are proper containers provided for garbage, re	fuse, trash and other waste?
Are utensils, show and display cases, windows, and other equipment so constructed as to be e	counters, shelves, tables, refrigerating equipment, sinks, asily cleaned?
Are the items listed in #12 kept in good repair a other contaminating matter?	and clean and free from dust, dirt, insects, chemicals or
Are perishable food and drink (cold) kept at ter food above 165 degrees Fahrenheit?	mperatures of below 45 degrees Fahrenheit and (hot)
If license is refused for other than misstatemen	
l,, do he	ereby certify that the foregoing answers
(MANAGER, PLEASE PRINT)	
	at in the event of any willful misstatement of fact on this
application, that any license so issued in reliance	te thereon is subject to revocation without refund.
SIGNATURE	PHONE NUMBER: HOME & BUSINESS
OWNER'S NAME & HOME ADDRESS (PLEASE PRINT)	DATE ISSUED