



License # _____
Date Paid _____
Amount Rec'd. _____
Check# _____ Receipt# _____

TOWNSHIP OF PLAINSBORO

OFFICE OF THE TOWNSHIP CLERK
641 PLAINSBORO ROAD
PLAINSBORO, NJ 08536
609-799-0909 ext. 2547

LICENSE TO CONDUCT EATING, DRINKING and FOOD HANDLING ESTABLISHMENT APPLICATION

(Please type or print out the application clearly. Incomplete applications may be returned.)

Date _____

Name of Establishment _____

I, or We, the undersigned, do hereby make an application for a license to conduct an eating, drinking or retail food establishment in the Township of Plainsboro located at:

Establishment Street Address: _____

E-Mail Address: _____

Contact Name _____ Phone # _____ Fax # _____

In making this application, I or We, agree to comply with all the Ordinances of the Township of Plainsboro and the Laws of the State of New Jersey covering such establishments. It is further agreed that I, or We, will surrender this license, if granted, to the Department of Health on demand.

Name of Owner(s), Corporation(s) _____

Address _____

E-mail Address _____

Contact Person: _____ Contact Phone # _____

Signature of Owner(s) and Title(s) _____

License Fees:

Restaurant-type establishments:

- a. 1 to 50 seats - \$150.00
- b. 51 to 200 seats - \$250
- c. 201 and over seats - \$350.00

Food Stores, Delicatessens, Grocers, Bakeries

and All other establishments handling food:

- a. 0 – 3,500 sq. ft. - \$150.00
- b. 3,501 – 5,000 sq. ft. - \$250.00
- c. 5,001 – 10,000 sq. ft. - \$350.00
- d. Over 10,000 sq. ft. - \$450.00

Food Court and/or Kiosks:

- a. \$150.00

Please make check payable to: Plainsboro Township

****Please Note: If said annual fee is not paid within 30 days of its due date, the fee shall be doubled, and shall double each 30 days that the fee remains unpaid.****

*****Licenses are sent directly to the local establishment and shall be conspicuously posted.*****

Date Inspected _____ [] Satisfactory [] Unsatisfactory Inspector Signature _____