## STANDTON CONTRACTOR OF THE PARTY OF THE PART

## FOOD HANDLER PERMIT APPLICATION

Eastampton Township
12 Manor House Court
Eastampton, New Jersey 08060
609-267-5723
www.eastampton.com

Application date:	
Name of Establishment:	
Type of Business:	
Business Address:	
Name of Owner/Manager:	
Address: (If different than above):	
Telephone Number:	
Email Address:	
If you are vending at an event, please specify	the date:
	a recent Sanitary Inspection Report issued by the nty Health Department.
Food Handler's Permits expire annua	lly on December 31 <sup>st</sup> of the year of issuance.
at the Eastampton Township Munici Eastampton, New Jersey, 08060. You	0. Please make checks payable and mail or drop off ipal Clerk's Office, 12 Manor House Court, may also pay online at <a href="www.eastampton.com">www.eastampton.com</a> , K, Municipal Clerk Online Payments.
**Food Handler Permits shall be placed co	onspicuously in the establishment upon receipt.**
Towns	ship Use Only
Date Submitted:	Date Approved:
Payment:	