

Borough of Franklin Lakes  
Board of Health  
480 DeKorte Drive  
Franklin Lakes, NJ 07417  
201-891-0048, Extension 5  
Fax No. 201-891-0101

**Application for a Supermarket License**  
**\$750.00 License Fee**

Name of the establishment \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone number \_\_\_\_\_

Fax number \_\_\_\_\_

If incorporated or partnership, list the owner's name(s) and telephone number(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of each manager \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please note that the Franklin Lakes Health Department must be notified of all changes in the above stated information.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

