

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 Packaged Food License
\$100.00 License Fee**

Name of the establishment _____

Address _____

Telephone number _____

Owner's name _____

Address _____

Telephone number _____

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

Name of each manager _____

List the food products sold _____

Are all the food/drink products you sell prepackaged? _____

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

Signature of applicant _____

Date _____

