

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 Retail Food Store License**  
**\$150.00 License Fee**

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

Address \_\_\_\_\_

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

Owner's name \_\_\_\_\_

Address \_\_\_\_\_

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

If incorporated or partnership, please list the owner's name(s), address(es) 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 \_\_\_\_\_