

**Township of Mansfield
BOARD OF HEALTH**

**2024 Application for New/Renewing License
To Conduct Eating or Drinking Establishment**

I/We, the undersigned, do hereby make application for a new/renewed license to conduct an eating or drinking establishment in the Township of Mansfield, County of Burlington, under the establishment name of:

NAME: _____

LOCATION: _____ **Block:** _____ **Lot:** _____

In making this application, I/We, agree to comply with all of the Ordinances of the Township of Mansfield, the Rules and Regulations of the County of Burlington and the Laws of the State of New Jersey covering such establishments. It is further agreed that I/We will surrender this license, if granted, to the Local Board of Health on demand.

Please Print

Name(s): _____

Home Address: _____

Phones: Home _____ Cell: _____ Work: _____

Email: _____

Emergency Contact Name: _____ Phone: _____

Applicant's Signature

Applicant's Signature

For Office Use Only

**Ashley E. Jolly, Secretary
Mansfield Township Board of Health**

Date: _____

[] **Approved** [] **Denied**

License # _____