



BOROUGH OF RUTHERFORD
DEPARTMENT OF HEALTH
184 Park Ave. Rutherford, NJ 07070
Jennifer Galarza, Health Official

(201) 460-3020
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www.rutherfordboronj.com

STORE MILK LICENSE APPLICATION

LICENSE FEES ARE NON-REFUNDABLE

Valid for January 1 thru December 31

Fee \$2.00

Business/Establishment Name _____

Business Address _____

Phone _____ Fax _____ Email _____

Corporation Partnership Private Owner

Owner Information (Required)

Name _____ Phone _____

Home Address _____ City _____ State _____ Zip _____

Email _____

Corporation

Corporate Name _____

Name _____ Phone _____

Home Address _____ City _____ State _____ Zip _____

Name _____ Phone _____

Home Address _____ City _____ State _____ Zip _____

Partnership:

Name _____ Phone _____

Home Address _____ City _____ State _____ Zip _____

Name _____ Phone _____

Home Address _____ City _____ State _____ Zip _____

Milk sold in the establishment is purchased from:

Name _____

Address _____

Telephone No. _____

IN CONSIDERATION OF THE ISSUANCE OF THIS LICENSE, THE APPLICANT HEREBY CERTIFIES THAT THE ABOVE ANSWERS ARE TRUE AND AGREES TO COMPLY AT ALL TIMES WITH THE CH 24 STATE SANITARY CODE, BOARD OF HEALTH CODE AND/OR AMENDMENTS THERETO AND ANY OR ALL OTHER CODES PROMULGATED. THE RUTHERFORD HEALTH DEPARTMENT MUST BE NOTIFIED OF ANY CHANGES IN OWNERSHIP.

Print Name _____ **Legal Signature** _____

----- For Health Department Use Only -----

Application Date _____ **Fee Paid** _____ **License#** _____