



APPLICATION FOR LICENSE TO CONDUCT
EATING OR DRINKING ESTABLISHMENT IN THE
BOROUGH OF MANASQUAN



Please complete and return this application along with the annual fee of \$150.00 to the Municipal Clerk's Office.

I, or we, the undersigned, do hereby make application for a license to conduct an eating or drinking establishment in the Borough of Manasquan for the year 6/1/2023 – 5/31/2024 located at

ADDRESS

COPORATE NAME

NAME OF ESTABLISHMENT

In making this application, I, or we, agree to comply with all the Ordinances of the Borough of Manasquan and the Laws of the State of New Jersey and County of Monmouth covering such establishments. It is further agreed that I, or we, will surrender this license, if granted, to the Department of Health on demand.

Signed: _____ Phone Number: _____

Name: (please Print) _____

Address: _____

Email: _____

FOR BOARD OF HEALTH USE ONLY:

Inspected by: _____

License Number: _____ Date Issued: _____

Recommendations: _____

****Fillable applications can be downloaded from our website, www.manasquan-nj.gov, under the Clerk's downloadable forms.****

