



Township of Woodbridge

John E. McCormac, CPA, Mayor

Department of Health and Human Services
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Woodbridge - Ten Towns, One Community

CHANGE OF OWNERSHIP/ CHANGE OF TRADE NAME

Date: _____

Current Name of Establishment: _____

Proposed Name of Establishment: _____

Address of Establishment: _____

Current Type of Establishment (Bakery, Pizzeria, Deli, Etc.): _____

Proposed Type of Establishment (Bakery, Pizzeria, Deli, Etc.): _____

Number of Seats: _____ Square Footage: _____

APPLICANT/OWNER INFORMATION

Owner Name: _____

Home Address: _____

City/State/Zip Code: _____

Telephone Number: Home: _____ Cell: _____

Fax Number: _____ Email Address: _____

Food Service Certification

Name of Certified Personnel	Position of Responsibility	Please list additional Certified Personnel on the back → →

Exempt from certification requirement: Yes No

By making this application, I (we) agree to comply with all the Ordinances of Woodbridge Township and the State of New Jersey that regulate such establishments. It is further agreed that I (we) shall surrender this license if suspended/revoked by the Health authority. ***** LICENSE NOT TRANSFERABLE*****

Signature of Owner: _____ Date: _____

Registered Environmental Health Specialist: _____ (732) 855-0600, Ext. _____

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For Health Dept. Use Only:

License Number Issued: _____ Class Type: _____ Date: _____

Amount: \$ _____ Cash Check # _____ Initials: _____

Cc: Licensing Department

Township Web Address
www.twp.woodbridge.nj.us