

**INC. VILLAGE OF WILLISTON PARK
494 WILLIS AVENUE
WILLISTON PARK NY, 11596**

APPLICATION FOR FOOD AND DRINK LICENSE

CALENDAR YEAR - _____

Name _____

Residence Address _____

City _____ State _____ Zip Code _____ Phone _____

Business Name _____

Business Address _____

City _____ State _____ Zip Code _____ Phone _____

HEALTH DEPT. CERTIFICATE # _____ DATE OF CERT. _____

KIND OF FOOD OR DRINK DISPENSED _____

I SOLEMNLY SWEAR TO THE TRUTH OF THE ABOVE STATEMENTS.

Signature of Applicant