



***NEW JERSEY
DEPARTMENT OF HEALTH
AND SENIOR SERVICES***

Establishment

Location

***THE ABOVE LISTED ESTABLISHMENT IS APPROVED
FOR RE-OPENING FOLLOWING _____***

Registered Environmental Health Specialist

Title

Registration #

Date

**BY ORDER OF THE COMMISSIONER OF HEALTH
DO NOT REMOVE BEFORE _____**

MUST REMAIN CONSPICUOUSLY POSTED

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Food and Drug Safety Program
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