

2016

FAIR LAWN HEALTH DEPARTMENT FOOD ESTABLISHMENT LICENSE APPLICATION FOR RESTAURANTS

Food Establishment Name: _____

Food Establishment Address: _____

Business Phone: (_____) _____ Fax: (_____) _____

Email address: _____

Hours of Operation (i.e.: 9am to 5pm) Sun _____ m to _____ m Mon _____ m to _____ m Tues _____ m to _____ m
Wed _____ m to _____ m Thurs _____ m to _____ m Fri _____ m to _____ m Sat _____ m to _____ m

How long before and after the Hours of Operation is a Person in Charge present in the establishment in case of emergency notification?: _____ hours before opening. _____ hours after closing.

Trade Name & Address (if different from above): _____

Name of Owner: _____ Home Phone: _____

Owner's address: _____

Person-in-charge (i.e. owner/manager) of establishment to be contacted in case of emergency: _____

Home phone number of person-in-charge: _____ Cell#: _____

Number of food handlers employed in establishment: _____

The cost for food establishment license renewal is as follows:

Food establishments: (Circle One) restaurant, deli, luncheonette, kitchen, bagel shop, cafeteria, bakery

Less than 10 food handlers -- \$195 10-19 food handlers -- \$250

20-29 food handlers -- \$325 More than 30 food handlers -- \$400

I hereby certify that this food preparation & storage facility will be kept in proper sanitary manner, according to regulation NJAC 8:24 - 1 et seq sanitary requirements. This license expires on December 31st & must be renewed annually.

License fee submitted for this location: \$ _____

\$50 late fee if application will be received after January 15: \$ _____

Total amount of fees submitted for this location: \$ _____

Date: ____/____/____

Signature of Applicant

**Please make check payable to the *Borough of Fair Lawn* and mail to:
Fair Lawn Health Department
8-01 Fair Lawn Avenue
Fair Lawn, New Jersey 07410**

***** (Do not write below this line) *****

Date of application received: ____/____/____ Health Officer Approval: _____

Fee Paid: \$ _____ Late Fee Paid: \$ _____ Total Paid: \$ _____ FE #'s: _____