

2014
FAIR LAWN HEALTH DEPARTMENT
PRE-PACKAGED FOOD LICENSE
APPLICATION

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

Trade Name: _____

Name of Owner: _____ Owner's Home Phone#: _____

Owner's address: _____

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

Phone number of person-in-charge: _____ Cell#: _____

THE COST FOR A LICENSE TO SELL PRE-PACKAGED FOOD IS \$100.00
or \$150 if potentially hazardous foods are sold. Amount owed: \$ _____

Do you sell any of the following? (Circle all that apply): Buttered Rolls Prepared on Premises

Milk & Other Dairy Products Ice Cream & Frozen Desserts Hot Coffee by the cup

Are there any food or beverage coin operated vending machines at this location? Yes No

If yes, please list type of food or drink sold in each machine: _____

There is an additional fee of **\$50.00 for each vending machine** on the premises.

Please complete separate vending machine application.

I hereby certify that only pre-packaged food is sold at this site. The food sold is checked regularly for expiration dates and is kept in a sanitary manner. This license expires on December 31st and must be renewed annually.

1. License fee submitted for this location: \$ _____
2. _____ Initial Registrations for food handlers with expired/revoked cards at \$30 each = \$ _____
3. _____ Initial Registration for new food handler(s) at \$30 each = \$ _____
4. _____ Food handler Registration Renewals at \$10 each = \$ _____
5. \$50 late fee if application will be received after January 15, 2014: _____
6. 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 payment received: _____ Date issued: _____ Health Officer's Approval: _____

Fee Paid: \$ _____ Late Fee Paid: \$ _____ Total Paid: \$ _____ PP #'s: _____ PP/PHF #'s: _____