

2026

FAIR LAWN HEALTH DEPARTMENT

FOOD ESTABLISHMENT LICENSE: NEW/RE-OPENING FOOD ESTABLISHMENT or CHANGE OF OWNERSHIP

APPLICATION FOR (Circle One): restaurant, deli, luncheonette, deli, bagel shop, cafeteria, bakery, butcher shop, other _____

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.

Do you sell either of the following? (Circle all that apply): Cigarettes/tobacco products _____ electronic cigarettes/vaping products _____

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

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

Owner's home address: _____

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

Second Owner's home address: _____

Name of Person-in-charge 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 new food establishment or change of ownership license is: \$ 295

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.

1. License fee 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: \$ 220 Pre-op Fee: \$ 75 Total Paid: \$ 295 FE #'s: _____