



CITY OF PASSAIC
DEPARTMENT OF HUMAN SERVICES
DIVISION OF HEALTH
 330 Passaic Street • Passaic, NJ 07055 • (973) 365-5603
health@cityofpassaicnj.gov

*FOR OFFICE
USE ONLY*

CO INSPEC DATE _____

ID CHECKED

2016 ESTABLISHMENT LICENSE APPLICATION

(For Retail Food Establishments, Wholesale Food Establishments, & Poultry Markets)

ESTABLISHMENT LOCATION INFORMATION

Please select one: Application is for **NEW OR CHANGE OF OWNERSHIP** license
 Application is for **RENEWAL** of your existing license
 Application is for a **DUPLICATE** of my existing license (FEE \$35.00)

Payment Method: _____
 Amount: _____
 Receipt# _____
 Employee Initials _____
Pick-up _____ *Mail* _____

Date of Application: _____

Name of Business: _____ Business Telephone Number: _____

Address of Business: _____

Type of Business: Grocery Store Poultry Market Cafeteria
 (Check One Please) Restaurant Liquor Store/Bar Non-Profit
 Supermarket Wholesale Other (Describe Below): _____

Is this a new establishment or an existing establishment that has been renovated? Yes No

If yes, did you submit floor plans Yes No (**fees for plan review may apply**)

Floor plans that detail equipment layout (location for sinks, restrooms, cooking equipment, refrigerators, etc.) must be submitted to the Health Division for approval prior to construction renovations, or installation of equipment.

OWNER INFORMATION

Name of Establishment Owner: _____

If owner is a corporation, please list corporate officers: _____

Address of Owner _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name of Previous Owner: _____

License fees are as follows:

Seating Capacity 1 to 50 Persons OR Total Floor Space Under 2,000 sq ft	\$100.00
Seating Capacity 51 to 100 Persons OR Total Floor Space Between 2,001 sq ft and 4,000 sq ft	\$150.00
Seating Capacity of 101 Persons OR Total Floor Space over 4,000 sq ft	\$200.00
Poultry Market	\$250.00
LATE FEES AFTER JANUARY 15TH	\$50.00

License fees are not collected at the time this application is completed and returned to Health Division. Fees are collected at the Health Division after a satisfactory report from a Registered Environmental Health Specialist is presented. **No license is issued without a satisfactory report, a Certificate of Occupancy for the premises, and valid ID from the owner.** Submission of this application does not constitute Health Division approval for operation of the establishment. Final approval from the Health Division is dependent on preoperational inspection and issuance of a satisfactory rating at the time of inspection. Note that violations of applicable city ordinances and/or state laws can result in revocation of the food/beverage license. **ANY LICENSE THAT HAS NOT BEEN PICKED UP WILL BE MAILED AFTER 2 WEEKS. LOST LICENSES WILL INCUR A DUPLICATE FEE. WE ARE NOT RESPONSIBLE FOR LICENSES LOST IN THE MAIL.**

Print name _____

Signature of Applicant _____

Date _____