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

ESTABLISHMENT LICENSE APPLICATION

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

ESTABLISHMENT LOCATION INFORMATION

Please select one:
- ☐ Application is for **NEW** license
- ☐ Application is for **RENEWAL** of your existing license
- ☐ Application is for a **DUPLICATE** of my existing license

Date of Application: _____

Name of Business: _____ Business Telephone Number: _____

Address of Business: _____

Type of Business: *(Check One Please)*
- ☐ Grocery Store
- ☐ Restaurant
- ☐ Supermarket
- ☐ Poultry Market
- ☐ Liquor Store/Bar
- ☐ Wholesale
- ☐ Cafeteria
- ☐ 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
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 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.

_____ _____
Signature of Applicant **Date**