



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



Public Health
Prevent. Promote. Protect.

2023 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)

Date of Application: _____

Name of Business: _____

Business Telephone Number: _____

Address of Business: _____

Email address: _____

Type of Business: (Check One Please)

<input type="checkbox"/> Grocery Store	<input type="checkbox"/> Poultry Market	<input type="checkbox"/> Cafeteria
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Liquor Store/Bar	<input type="checkbox"/> Non-Profit
<input type="checkbox"/> Supermarket	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Other (Describe Below): _____

Payment Method: _____

Amount: _____

Receipt# _____

Employee Initials _____

Pick-up _____ Mail _____

ID CHECKED

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 (Corp., LLC, DBA, etc.), list corporate officers in below.

Address of Owner _____

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

CORPORATION INFORMATION

Corporate Officer and title: _____

Address of Corporate Officer _____

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

CORPORATION INFORMATION (cont.)

Corporate Officer and title:

Address of Corporate
Officer

Home Phone:

Work Phone:

Cell Phone:

Corporate Officer and title:

Address of Corporate
Officer

Home Phone:

Work Phone:

Cell Phone:

PREVIOUS OWNER INFORMATION

Name of Previous Owner:

LICENSE FEES

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

For new businesses or change of ownership, 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 will be 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 may result in the issuance of a summons requiring court appearance for failure to post license at establishment. By signing below, you certify that you have read the above, that you understand the meaning and intent of the above and that the information you have provided on this application is true to the best of your knowledge.

Print Name

Signature

Date