

BOONTON HEALTH DEPARTMENT
 100 WASHINGTON ST., BOONTON, NJ 07005
 APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE
 (973) 402-9410 x 631

PLEASE PRINT ALL INFORMATION

TRADE NAME OF FIRM: _____ PHONE #: _____

BUSINESS ADDRESS: _____

OWNER'S NAME: _____ HOME PHONE #: _____

RESIDENCE: _____

*IF CORPORATION, PLEASE LIST NAME OF PRESIDENT: _____

DESCRIBE FOOD SERVICE RENDERED: (i.e., HOT FOODS, SANDWICHES, DRINKS, ALCOHOLIC BEVERAGES, ETC.)

NAME OF EXTERMINATING COMPANY: _____ PHONE #: _____

NOTE: NO LICENSE SHALL BE TRANSFERABLE. LICENSES MAY BE SUSPENDED OR REVOKED BY THE HEALTH DEPARTMENT UPON VIOLATION OF THE PURPOSES, INTENT AND PROVISIONS OF CHAPTER 12 OF THE STATE SANITARY CODE, THE FOOD & BEVERAGE VENDING MACHINE CODE, THE SOLID WASTE CODE, OTHER ORDINANCES OF THE HEALTH DEPARTMENT, OTHER ORDINANCES OF THE MUNICIPALITY AND STATUTORY LAWS OF THE STATE OF NEW JERSEY RELATING TO THE CONDUCT OF SUCH BUSINESS. LICENSES ARE RENEWABLE DURING DECEMBER OF EACH YEAR.

BY CONSIDERATION OF SUCH LICENSE, I HEREBY AGREE TO CONDUCT THE SAID PREMISES IN CONFORMANCE WITH THE PURPOSES, INTENT AND PROVISIONS OF THE ABOVE MENTIONED CODES OR ORDINANCE STATED HEREIN.

SIGNATURE OF APPLICANT _____ TITLE _____ DATE _____

RETAIL FOOD ESTABLISHMENT - FEE SCHEDULE

(PLEASE REMIT APPROPRIATE FEE WITH YOUR APPLICATION)

Make check payable to "TOWN OF BOONTON"

FOOD & DRINK (NON-SEATING)	\$ 75	SUPERMARKET (2,500 + SQ. FT.)	\$225
RESTAURANT (1-50 SEATS)	\$ 85	MOBILE FOOD & DRINK	\$ 60
RESTAURANT (51-100 SEATS)	\$100	TEMPORARY LICENSE	\$ 35
RESTAURANT (100+ SEATS)	\$125	PRE-PACKAGE	\$ 50
INSTITUTION	\$ 75		

FOR OFFICE USE ONLY

FEE REMITTED _____ CASH/CHECK# _____ LICENSE # _____

ISSUE DATE _____ EXPIRATION DATE _____ APPROVED BY _____

REMINDER!!
 A LATE FEE WILL BE CHARGED
 AFTER JANUARY 15TH