

**Little Ferry Board of Health**

215 – 217 Liberty Street

Little Ferry, NJ 07643

**551-341-2830**

**APPLICATION FOR FOOD ESTABLISHMENT LICENSE**

**(LICENSE IS NOT TRANSFERABLE; More information on reverse)**

Name of business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owner phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact name and phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of license applying for: [ ]  Renewal [ ]  New Application

Type of establishment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of full time employees: \_\_\_\_\_\_\_\_\_\_\_ No. of part-time employees: \_\_\_\_\_\_\_\_\_\_\_

(Employees only that handle food)

No. of seats: \_\_\_\_\_\_\_\_\_\_\_ Hours of operation: \_\_\_\_\_\_\_\_\_\_\_\_\_

The following documentation must be provided with application (can be used as a checklist):

* Sketch plan of establishment Included [ ]  Yes [ ]  No
* Copy of exterminating contract Included [ ]  Yes [ ]  No
* Listing of where food is acquired from Included [ ]  Yes [ ]  No
* Grease trap cleaning contract (if applicable) Included [ ]  Yes [ ]  No
* Dumpster/waste removal contract Included [ ]  Yes [ ]  No
* Food manager certification(s) Included [ ]  Yes [ ]  No
* Food handler certification(s) Included [ ]  Yes [ ]  No

\*\*\*If not certified as a Manager/Handler, proof or registration of classes must be included

* Is proof of registration provided Included [ ]  Yes [ ]  No
* Copy of menu provided Included [ ]  Yes [ ]  No
* Verification that all taxes are paid up-to-date Included [ ]  Yes [ ]  No
* License fee Included [ ]  Yes [ ]  No

 **By signing this application, I hereby agree to conduct the operation of the food establishment in conformance with the provisions of Chapter XXIV of the New Jersey Sanitary Code and the Code of the Borough of Little Ferry and that all information is accurate to the best of my knowledge.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature & Date Print Name & Title

**License Fee Schedule – Based upon seating capacity (payment must be included with application):**

* 1 – 25 seats $ 40.00
* 26 – 50 seats $ 80.00
* 51 - 100 seats $100.00
* 101 seats and above $200.00
* Non-profit $ 25.00 (please include proof of non-profit status)
* Note: Other fees may apply and you will be notified if applicable

General information for applicants:

* Section 4-8 Retail Food Establishments governs the local Code
* All applicable State and local laws must be followed
* All licenses expire on December 31 of each year
* All renewal applications are due by February 1 of each year
* A Health Inspection must be passed before operations can commence
* A Health Inspection can be scheduled by calling: 551-341-2830
* Please contact the Tax Collector at 201-641-4833 to verification that taxes are paid
* All owners are required to attend the Board of Health meeting
* If you need an interpreter for the Board meeting, please bring one
* All payments must be made via check or money order (No cash/credit cards will be accepted)
* Please provide any additional information that you believe may assist the Board in rendering a determination
* Additional approvals may be required before opening (ex: CO from Building Department, Joint Planning and Zoning Board, Governing Body, etc.)

**Any questions, do not hesitate to contact the Board Secretary:
Marisa Clarino at 551-341-2830.**