



**THE CITY OF ENGLEWOOD**  
**DEPARTMENT OF HEALTH**  
 73 South Van Brunt Street  
 Englewood, New Jersey 07631

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 www.cityofenglewood.org  
 01/25/2016

**SUBMIT ALL 3 PAGES**

**2016 RETAIL FOOD ESTABLISHMENT LICENSE APPLICATION**  
**VALID APRIL 1, 2016 THRU MARCH 31, 2017**  
 Application Must Be In Legible Print

**THIS LICENSE IS NOT TRANSFERRABLE**

Date \_\_\_\_\_  New Establishment  Change of Ownership

Trade Name \_\_\_\_\_

Business Address \_\_\_\_\_  
 (Englewood location)

Business Phone \_\_\_\_\_ Fax/Email \_\_\_\_\_

**Complete applicable section below - Owner/Sole Proprietor, Partnership or Corporation**

**OWNER/SOLE PROPRIETOR**

Owner/Proprietor \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone/Email \_\_\_\_\_

**PARTNERSHIP: Include Name/Address of Partners**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone/Email \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone/Email \_\_\_\_\_

**CORPORATION: Include Name/Address of Principal Officers**

Corporate Name \_\_\_\_\_

Address \_\_\_\_\_

President \_\_\_\_\_

Address \_\_\_\_\_

Vice President \_\_\_\_\_

Address \_\_\_\_\_

**Name of Certified Manager(s)**

Name \_\_\_\_\_ Date Certified \_\_\_\_\_

Name \_\_\_\_\_ Date Certified \_\_\_\_\_

Name \_\_\_\_\_ Date Certified \_\_\_\_\_

IN CONSIDERATION OF THE ISSUANCE OF THIS LICENSE, THE APPLICANT AGREES TO COMPLY AT ALL TIMES WITH THE BOARD OF HEALTH CODE AND/OR AMENDMENTS THERETO AND ANY OR ALL OTHER CODES PROMULGATED.

**Applications will not be processed if owner information (including home or other emergency phone number) are not included.**

**Legal Signature** \_\_\_\_\_

----- For Health Department Use Only -----

Application Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_

Plan Review Fee Paid \_\_\_\_\_ Lic Fee Paid \_\_\_\_\_ Late Fee Paid \_\_\_\_\_

License # \_\_\_\_\_ Date Approved by Board \_\_\_\_\_

**RETAIL FOOD LICENSE FEE SCHEDULE GUIDELINE**  
**Check Applicable Category and Applicable Amount**

Note: Establishments that fall under two or more categories shall obtain licenses for **ALL** respective categories.

**LATE FEES WILL BE CHARGED ON ALL RENEWALS RECEIVED/POSTMARKED AFTER APRIL 1<sup>st</sup>**  
**Late fees: \$50.00 for licenses \$200 or less - OR - \$100.00 for licenses over \$200**

<b>ESTABLISHMENT CATEGORY/TYPE - FEE SCHEDULE</b>			
<b>TYPE I - FOOD MARKETS</b> (check one)		<b>ESTABLISHMENT SIZE</b> (check one, per design plans. Include storage areas)	
<input type="checkbox"/>	A. Bakery	<input type="checkbox"/>	Up to 3,000 sq.ft. \$250.00
<input type="checkbox"/>	B. Meat, Poultry or Fish Market	<input type="checkbox"/>	3,001 to 6,000 sq.ft. \$300.00
<input type="checkbox"/>	C. Fruit/Vegetable Market	<input type="checkbox"/>	6,001 to 10,000 sq.ft. \$450.00
<input type="checkbox"/>	D. Delicatessen	<input type="checkbox"/>	10,001 to 30,000 sq.ft. \$650.00
<input type="checkbox"/>	E. Grocery Store	<input type="checkbox"/>	30,001 to 50,000 sq.ft. \$750.00
<input type="checkbox"/>	F. Supermarket	<input type="checkbox"/>	Over 50,001 sq.ft. \$750.00
<input type="checkbox"/>	G. Alcoholic Beverages	<input type="checkbox"/>	
<input type="checkbox"/>	H. Other _____	<input type="checkbox"/>	
<b>TYPE II - RESTAURANTS</b> (check one) # of SEATS		<b>SEATING CAPACITY</b> (check one, and enter # of seats)	
<input type="checkbox"/>	A. Full-Service	<input type="checkbox"/>	Less than 50 persons \$250.00
<input type="checkbox"/>	B. Cafeteria	<input type="checkbox"/>	50 to 100 persons \$300.00
<input type="checkbox"/>	C. Diner	<input type="checkbox"/>	101 to 200 persons \$400.00
<input type="checkbox"/>	D. Luncheonette	<input type="checkbox"/>	Over 200 \$550.00
<input type="checkbox"/>	E. Fraternal Hall	<input type="checkbox"/>	
<input type="checkbox"/>	F. Soda Fountain	<input type="checkbox"/>	
<input type="checkbox"/>	G. Tavern	<input type="checkbox"/>	
<input type="checkbox"/>	H. Catering Commissary	<input type="checkbox"/>	
<input type="checkbox"/>	I. Fast Food	<input type="checkbox"/>	
<input type="checkbox"/>	J. Other _____	<input type="checkbox"/>	
<b>TYPE III - VENDING MACHINES</b>		<i>Ask for Vending Machine Application</i>	

TYPE IV - MOBILE \$150.00/vehicle		Veh Year	Veh Make / Model	License Plate
A. Fruit/Vegetable only		1		
B. Prepackaged food (incl ice cream)		2		
C. Food preparation		3		
D. Ice, Milk & Dairy products (Other than pre-pack ice cream)		4		
Source of Foods (list all sources, name & addr)		List all food items		
		1		
		2		
		3		
Industrial route (plant & addr)		Approx Time		
		1		
		2		
		3		
<b>TYPE V - SWEETS, CANDIES, GUMS</b>				
A. Any premises offering for sale (Chocolate and pre-packaged goods)		To be stored and sold pre-packaged \$40.00		
<b>TYPE VI - SHARED COOKING FACILITIES</b>				
A. Shared Cooking Facility: Space to be used by other individuals or business entities for food preparation, temporary extra production capacity, menu planning, training, taste testing, product development, food packaging, food storage or any other food related purpose.		\$250.00 per kitchen unit  Number of Kitchen Units _____ Total Fee _____		
B. Kitchen Unit: Space in the Cooking Facility which has a stove, oven, sink, refrigeration unit, storage or any combination of these items available, used or utilized for the purposes set forth in A.		NO FEE Proposed time(s) of operation: _____ Menu: List of all Foods to be prepared _____		

**PLEASE NOTE:**

- 1.) License renewals are subject to an additional penalty fee of 50% of the normal license fee whenever an establishment has received two conditional ratings (per Chapter 24 of the State Sanitary Code) in the previous licensing year.
- 2.) Re-inspection fees, in the amount of 25% of the normal license fee, will be assessed for any establishment that receives a second conditional or subsequent conditional rating (upon re-inspection) or an unsatisfactory rating in any license year.
- 3.) License fees are not pro-rateable for any portion of the year.