

LINCOLN PARK HEALTH DEPARTMENT

APPLICATION FOR RETAIL FOOD LICENSE

Owner(s) Name _____ Date _____
Mailing Address _____
Phone _____ Email _____

Business Trade Name _____
Street Address _____ Phone _____
_____ Individual _____ Partnership _____ Corporation

If corporation list the names, addresses and phone numbers of officers

President _____ Address _____ # _____
Vice Pres. _____ Address _____ # _____
Secretary _____ Address _____ # _____
Treasurer _____ Address _____ # _____
Registered NJ Agent _____ # _____
Address _____

Type of Services Rendered; include type of cuisine and any special preparation processes.

Square Footage of Facility _____ Seating Capacity _____
Exterminating Service _____ # _____ # of Treatments _____
Water Supply: Public _____ Private Well _____
Sewage Disposal: Public Sewer _____ Individual Disposal System _____
Grease Pick Up Service _____ # _____

List Employees with Serv-Safe Certification

Name _____ Name _____

Please include Copy of Serv-Safe Certificate(s) and Plumber Certification for Grease Traps if applicable.

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 24 of the New Jersey State Sanitary Code, the Food and Beverage Vending Machine Code, The Solid Waste Code, other Ordinances of the Health Department, other Borough Ordinances and statutory laws of the State of New Jersey relating to the conduct of such business. License Valid for Calendar year or there part of.

In Consideration of such license, I hereby agree to conduct the said premised in conformance with the purpose, intent and provisions of the above mentioned codes or Ordinances stated herein.

Signature

Title

Date _____

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OFFICE USE ONLY

FEE _____

LICENSE # _____

EXPIRATION DATE _____

APPROVED BY _____

DATE _____

LICENSE TYPE

Food & Drink _____

Temporary _____

Restaurant _____

Other _____