



Borough of Lincoln Park

34 Chapel Hill Road Lincoln Park, NJ 07035 - 1902

Health Department
(973) 270-2040/2036 FAX: (973) 270-2041

ANNUAL FOOD LICENSE APPLICATION

Owner(s) Name _____ Date _____

Mailing Address: _____

Phone #: _____ Email: _____

Business Trade Name _____

Street Address _____ Phone _____

Individual _____ Partnership _____ Corporation _____

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

President _____	Address _____	Phone _____
VP _____	Address _____	Phone _____
Secretary _____	Address _____	Phone _____
Treasurer _____	Address _____	Phone _____
Reg. NJ Agent _____	Address _____	Phone _____

Type of services rendered: include type of cuisine and any special preparation processes.

Square Footage _____ Seating Capacity _____
 Exterminating Service _____ Phone _____ # of Treatments _____
 Water Supply: Public _____ Private Well _____
 Sewage Disposal: Public Sewer _____ Individual Disposal System _____
 Grease Pick Up Service _____ Phone _____
 Employees with Serv-Safe Certification:
 Name _____ Name _____

You must include copies of Serv-Safe Certificates and Plumber Certification for Grease Traps if Applicable

NOTE: No license shall be transferrable. 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 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 only for calendar year or there part of.

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

Signature _____ **Title** _____
Date _____

Make check or money order payable to: Borough of Lincoln Park
NOTE: All licenses expire on December 31st of each year.

OFFICE USE ONLY

License fee enclosed: \$ _____ **Check#** _____

License #: _____

Issued Date: _____ **Expiration Date** _____

Approved By: _____

<u>LICENSE TYPE</u>
Food/Drink _____
Retail _____
No Fee _____
Other _____