Westfield Regional Health Department
425 East Broad Street
Westfield, New Jersey 07090
(908) 789-4070, Fax (908) 789-4076
Website: http://westfieldnj.gov/health

License Application and/or Renewal

I hereby make application for the following license:

Annual Food Licenses:
___ $100.00 - Risk type 1
___ $200.00 - Risk type 2
___ $300.00 - Risk type 3
___ $400.00 - Risk type 4
___ Milk License - $5.00*
___ Mobile Food Vehicle License- $100.00
___ Food Vending Machine License - $50.00

Non-food Licenses:
___ Pool License - $175.00

***Applicable to all establishments that sell pre-packaged containers of milk.**

Business Owner:

- **Please be advised that licenses (i.e., Food, Milk, etc.) EXPIRE annually on December 31st.**
- It is the responsibility of each business owner to be aware of the license requirements and follow up accordingly**.**
- **All licenses must be renewed prior to January 31st of the applicable licensing year.**
- **A late fee of $50.00 per month shall be assessed for each month, or portion thereof, that a license is renewed after January 31st.**
- **New food establishments (not applicable to a Temporary Food Vendor) licensed on or after July 1st through December 31st shall pay one half of the annual fee for a license to operate.**

Establishment Name: _____
Address: _____
Telephone #: _____ Fax #: _____
Email Address: _____

Owner Name: _____
Address: _____
Telephone #: (Home) _____ (Cell): _____
Email Address: _____

It is understood that such license is non-transferable, non-refundable and is granted for the period designated on the license. Furthermore, the license may be revoked upon violation of any pertinent requirements of the Board of Health and/or the laws of the State of New Jersey.

Applicant Signature: _____ Date: _____

PLEASE TURN OVER TO CONTINUE TO SECOND PAGE

OFFICE USE ONLY

Signature of Inspector/Reviewed and Approved by: _____

Fee: _____ Late fee: _____ Cash/Check # _____ License #_____ Date issued: _____

Comments: _____

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VITAL INFORMATION SURVEY

Name(s) and of person(s) who attended Food Handlers Training Course & date of certification: (current food handler certification required)

_____

_____

Name, Address & Telephone # of the following service providers (If applicable)**:**

Exterminator: _____

_____

Cooking Oil Waste Contractor:

_____

_____

Solid Waste Contractor:

_____

_____

If applicable, ventilation hood cleaning contractor:

_____

_____

*****If applicable, please provide the number of seats in your establishment:** _____