

**Borough of Fort Lee
Department of Health**

Mayor
MARK J. SOKOLICH

Borough Administrator
ALFRED R. RESTAINO

Health Officer
JILL SCARPA



Council
JOSEPH L. CERVIERI, JR.
BRYAN DRUMGOOLE
ILA KASOFSKY
HARVEY SOHMER
PETER J. SUH
PAUL K. YOON

309 Main Street (Located in the rear parking lot)
Fort Lee, New Jersey 07024-4799
(201) 592-3500, ext. 1510
Fax (201) 585-1901
Email: health@fortleenj.org

APPLICATION FOR RETAIL FOOD ESTABLISHMENT LICENSE

TRADE OR BUSINESS NAME: _____

ADDRESS: _____ TEL # _____

FOR RISK-TYPE 3 AND 4 ESTABLISHMENTS

CERTIFIED FOOD MANAGER(S): _____

CERTIFICATION EXPIRATION DATE(S): _____

OWNER NAME (PRINT): _____

HOME ADDRESS: _____

EMAIL: _____ TEL # _____

* No business may be carried on until approval is given by the Fort Lee Department of Health.

* If this is a new establishment or if renovation is planned, please submit intended menu and professionally designed floor plans with proposed layout of equipment for review and approval by the Fort Lee Department of Health.

* In consideration of the issuance of this license, the applicant agrees to comply with applicable State and Borough ordinances and/or amendments thereto and any or all other codes promulgated, and in accordance with N.J.A.C. 8:24, *Sanitation in Retail Food Establishments and Food and Beverage Vending Machines*.

OWNER SIGNATURE: _____ DATE: _____

THIS LICENSE IS NOT TRANSFERRABLE

-----Office Use Only-----

DATE RECEIVED _____ RECEIVED BY _____
ISSUE DATE _____ LICENSE TYPE _____ FEE AMOUNT _____ CHECK # _____
LICENSE # _____

FOOD ESTABLISHMENT (WITHOUT SEATING)	\$100 _____ Less than 5 employees	\$125 _____ Less than 10 but more than 4 employees	\$150 _____ Less than 20 but more than 9 employees	\$300 _____ Less than 25 but more than 19 employees	\$350 _____ 25 or more employees
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RESTAURANT (WITH SEATING)	\$125 _____ Seating of less than 25 persons	\$175 _____ Seating of more than 24 but less than 50	\$300 _____ Seating of 50 or more
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SWEETS, CANDIES, AND GUMS	\$75 _____ License to sell
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