POMPTON LAKES BOARD OF HEALTH
25 LENOX AVENUE, POMPTON LAKES, NJ 07442
PHONE: 973-835-0143 ext. 235 FAX: 973-835-0958

RETAIL FOOD ESTABLISHMENT LICENSE APPLICATION

LICENSE NO. _____ NEW_____RENEWAL_____

BUSINESS/TRADE NAME: _____
BUSINESS ADDRESS: _____
BUSINESS PHONE: _____ FAX:_____

OWNER(S) NAME: _____
OWNER ADDRESS: _____
OWNER HOME PHONE _____ CELL_____
OWNER EMAIL ADDRESS:_____

IF CORPORATION, NAME OF RESPONSIBLE PERSON: _____
ADDRESS:_____ PHONE:_____

IF APPLICABLE, NAME OF CERTIFIED FOOD MANAGER: _____
*PLEASE ENCLOSE COPY OF FOOD MANAGER'S CERTIFICATE

In the Borough of Pompton Lakes, NJ under the provisions of appropriate Borough Ordinance, Chapter 197-221, the fee is $. It is understood that said license expires upon December 31st, of the year in which issued and may be revoked whenever so ordered by the Board of Health. Licenses are not transferable to new owners during the licensing year. Please note that an additional late fee of $25.00 will be due for licenses not renewed by January 31st and that there is a $25.00 re-inspection fee for each re-inspection due to a conditional/unsatisfactory rating.

MAKE CHECKS PAYABLE TO "BOROUGH OF POMPTON LAKES" AND SUBMIT WITH THIS APPLICATION.

RETAIL FOOD LICENSES ARE VALID FOR ONE YEAR FROM JANUARY 1ST THROUGH DECEMBER 31ST.

THE UNDERSIGNED HEREBY APPLIES FOR A RETAIL FOOD ESTABLISHMENT LICENSE AND AGREES TO COMPLY WITH AND ABIDE BY ALL THE ORDINANCES, RULES, AND REGULATIONS OF THE BOROUGH OF POMPTON LAKES HEALTH DEPARTMENT.

SIGNATURE OF APPLICANT:_____

FOR OFFICE USE ONLY:
FEE PAID: _____ DATE PAID_____ CHECK #_____

NEW APPLICANT ONLY:
APPROVED BY:_____DATE APPROVED:_____