Clifton Health Department
Public Health
Prevent. Promote. Protect.

Application is hereby made for a license as set forth above.
In accordance with the ordinance Chapter 367 of the City of Clifton, N.J., the following information is submitted:

1. NAME OF APPLICANT (s)/CORPORATION_____

2. BUSINESS ADDRESS OF APPLICANT_____

3. BUSINESS NAME (DBA) OF APPLICANT_____

4. IS APPLICANT AN ***INDIVIDUAL___, PARTNERSHIP___, CORPORATION___, LIMITED LIABILITY CORPORATION (LLC) ___, or other entity***? (check applicable box)
If other entity, explain in full)_____

5a. **FOR *INDIVIDUAL* APPLICANT ONLY:**
Full name and residence address of each applicant. Date and Place of Birth
1. _____
_____

5b. **FOR *PARTNERSHIP* APPLICANTS ONLY:**
Full name and residence address of each partner. Date and Place of Birth
1. _____
_____
2. _____
_____
3. _____
_____

5c. **FOR APPLICANTS WHO ARE A *CORPORATION, LLC, or OTHER ENTITY* ONLY:**
Full name and residence address Date and Place of Birth
1. President_____
_____
2. Vice-President_____
_____
3. Secretary_____
_____
4. Treasurer_____
_____
5. Stockholder*_____
_____

Name and Address of Registered Agent_____
Address of Principal Office_____

*The term "Stockholder", as used herein, means and includes any person owning or having an interest, either legal or equitable, in 10% or more of the stock or other interest issued and outstanding of a corporation or other entity.

6. Has the applicant or any of the persons whose names are listed in the answer to question number 5a, 5b, 5c ever been arrested for any reason whatsoever?

YES ____ NO ____ (check one) If yes, complete below.
Name_____Date Arrested_____
Crime or Charge Involved_____
Disposition thereof_____

7. Has the applicant or any of the persons whose names are listed in the answer to question number 5a, 5b, 5c ever been convicted of a crime?

YES ____ NO ____ (check one) If yes, complete below.
Name_____Date Arrested_____
Crime or Charge Involved_____
Disposition thereof_____

(Continue on next page)

BLOCK LOT

****

HEALTH DEPARTMENT USE ONLY

DATE RECEIVED_____ CASH _____

INITIALS_____ CHECK_____

Retail Food Establishment

TYPE OF LICENSE

SECTION 367-4A of the REVISED ORDINANCES OF THE CITY OF CLIFTON, NEW JERSEY

8. This application is for the following (check fees):

a	___ Restaurants	
	1. ___ Seating capacity less than 25	$145.00
	2. ___ Seating capacity 26 to 50	$225.00
	3. ___ Seating capacity 51to 100	$360.00
	4. ___ Seating capacity 101 to 150	$450.00
	5. ___ Seating capacity greater than 150	$485.00
b.	___ Caterers	$155.00
c.	___ Food Vending Vehicles (Class A)	$385.00
d.	___ Food Vending Vehicles (Class B)	$220.00
e.	___ Itinerant restaurants and food demonstration (per year)	$125.00
f	___ Processing fee	$25.00
g.	___ Plan Review (as per the Enforcing Official)	$125.00
h.	___ Supermarket or minimarket; grocery store Fee determined by Gross Display Area in Square Feet:	
	1. ___ 40,000 or more	$960.00
	2. ___ 30,000 - 39,999	$630.00
	3. ___ 20,000 - 29,999	$510.00
	4. ___ 10,000 - 19,999	$360.00
	5. ___ 5,000 - 9,999	$225.00
	6. ___ 2,500 - 4,999	$145.00
	7. ___ Less than 2,500	$95.00
i.	___ Bakery	$135.00
j.	___ Meat Market (meat only)	$150.00
k.	___ Fruit & Vegetable stand (market and stand)	$75.00
l.	___ Milk or Milk Products - Store	$25.00
m.	___ Milk or Milk Products - Vehicle	$25.00
n.	___ Milk/ Processor	$500.00

TELEPHONE NUMBER:

(H)_____ **(C)**_____ **(B)**_____

EMAIL ADDRESS _____

9. Give full description of premises or vehicle sought to be licensed.
   If Premises:

   _____

   If Vehicle:
   License Plate # MAKE COLOR MODEL YEAR SERIAL NUMBER

   _____

10. If applicant is not the owner of the premises or vehicle sought to be licensed, state the interest of the applicant: _____

11. State below if proposed premises to be licensed shall be used wholly or partially for purposes other than a restaurant, the type of other use and whether is it licensed:

    _____

DATED _____

WITNESS: _____ _____
(SIGNATURE OF *INDIVIDUAL*)

WITNESS: _____ _____
(SIGNATURE OF *PARTNER)*

WITNESS: _____ _____
(SIGNATURE OF *PARTNER)*

WITNESS: _____ _____
(SIGNATURE OF *PARTNER)*

WITNESS: _____ _____
(SIGNATURE OF *PARTNER)*

_____
(NAME OF *CORPORATION, LLC, or OTHER ENTITY*)

ATTEST: _____
(SECRETARY)

BY _____
(SIGNATURE OF PRES. OR VICE-PRES)

(AFFIX CORPORATE SEAL)

AFFIDAVIT BY INDIVIDUAL APPLICANT

State of)
) SS
County of)

_____, of full age, being duly sworn according to law, upon his oath deposes and says that:
(Name of individual applicant)

1. The answers, statements and declarations made in the foregoing application are absolutely true in all respects.

Subscribed and sworn to before me this _____day of _____, _____

_____
(Signature of Officer Administering Oath)

_____
(Title of such Officer)

_____
(Signature of Individual Applicant)

****

AFFIDAVIT BY CORPORATION, LLC, or OTHER ENTITY APPLICANT

State of)
) SS
County of)

_____, of full age, being duly sworn according to law, upon his oath deposes
(Name of President or Vice-President)
and says that:

1. He/She is the _____ of the corporation named as the applicant in, and which signed the foregoing application.
2. He/She was duly authorized by the Board of Directors of said corporation to sign said application it its name and in its behalf.
3. He/She had read and fully understands all of the questions pertaining to such applicant corporation, and that all the foregoing answers, statements and declarations made thereto are absolutely true in all respects.

Subscribed and sworn to before me this _____day of _____, _____

_____
(Signature of Officer Administering Oath)

_____
(Title of such Officer)

_____
(Signature of President or Vice-President of Corporate Applicant)

****

AFFIDAVIT BY PARTNERSHIP APPLICANT

(This affidavit must be signed by **ALL** partners)

State of)
) SS
County of)

_____
_____
(Name of all partners)
of full age, being duly sworn according to law, upon his oath deposes and says (each for himself/herself and not for the others) on their respective oaths, that:

1. They are all of the partners of the partnership named as the applicant in the foregoing application.
2. They have read and fully understand all of the questions pertaining to such applicant partnership.
3. That all the forgoing answers, statements and declarations made thereto are absolutely true in all respects.

Subscribed and sworn to before me this _____day of _____, _____

_____
(Signature of Officer Administering Oath)

_____
(Title of such Officer)

_____
(Signature of Partner)

_____
(Signature of Partner)

_____
(Signature of Partner)

_____
(Signature of Partner)