Borough of Paramus

Health Department
1 Jockish Square
Paramus, NJ 07652
(201) 265-2100 ext. 2300 | Fax (201) 225-9014
health@paramusborough.gov | ParamusBorough.org/151/Health

Application for Permit

Please print clearly and fill out this form completely.

This Application is submitted on behalf of: _____
(Name of Corporation, Partnership, or Individual Owner)

_____
(Owner Address)

_____
(Trading As)

_____
(Establishment Address)

_____ _____
(Establishment Phone Number) (Owner Phone Number)

_____ _____
(Establishment Fax Number) (Email Address)

With Payment of Fee (See enclosed fee schedule for required fee) $ _____

I am/We are cognizant of the regulation of the New Jersey Department of Health and Senior Services and the Paramus Department of Health and agree to be governed thereby. This permit will expire on December 31st of each calendar year and renewal applications shall be filed by December 31st. Failure to comply will result in a late fee being applied in accordance with applicable Ordinance.

BUSINESS LICENSE REQUIRED PRIOR TO OBTAINING A HEALTH PERMIT.

_____ _____ _____
(Date of Application) (Name & Title) (Signature)

Restaurant ☐ **(Seating Capacity)** _____

Food Establishment ☐ **Retail Establishment** ☐ **Supermarket/Deli** ☐

Up to 6,000 Sq. Ft. ☐ **6,001 Sq. Ft. to 10,000 Sq. Ft.** ☐ **Larger than 10,000 Sq. Ft.** ☐

Do you have a certified food manager on the premises every shift? Yes ☐ **No** ____
If the answer is no to the above question, please contact the Health Department for registration information

☐ **Mobile Caterer (Peddler's License mandatory prior to obtaining Food-Handling Permit)**

☐ **Body Art (See enclosed document which MUST be submitted with application)**

☐ **Pet Shop/Kennels**

☐ **Swimming Facilities** (Name and Address of Certified Pool Operator) _____

☐ **Tanning Salon**

For Office Use

Date Received _____ Receipt No. _____ Permit No. _____ Fee Paid _____