Livingston Health Department

License Application

(Food, Pools, Child Care, Youth Camps, Animal Harborage, Vending, Milk)

Michael Raimo
Health Officer
Director of Health
Phone: 973-535-7961
Fax: 973-535-3234

OFFICE USE: _____ License Application

Please complete both pages of this application.

Return this completed document to the Livingston Health Department, 204 Hillside Avenue, Livingston, NJ 07039.

Business Name: _____ Tel. #: _____

Address: _____
(Street) (Town) (Zip)

Owner: _____ Corporation: _____
(Name) (Name) (President)

Address: _____
(Street) (Town) (Zip)

Business Fax #: _____ Emergency Tel. #: _____

Corporate Tel. #: _____ E-mail Address: _____

I hereby certify that the following information supplied in this application is true and correct: _____
(Signature / Title)

_____
(Date)

Make Checks Payable to:

TOWNSHIP OF LIVINGSTON

***** YOU MUST COMPLETE BOTH PAGES OF THIS APPLICATION*****

****

OFFICE USE ONLY

Type License	License No.	Fee	Approved By	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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TYPE OF LICENSE

FOOD LICENSE

Public Eating: any establishment for which seating capacity can be determined (seating means per person)	$175.00 $225.00 $275.00	Seating /1-50 Seating/51-99 Seating/100+
Food Establishment/Catering: supermarkets, liquor stores, convenience stores (sq. ft. encompasses entire operation including bathrooms, hallways & storage)	$175.00 $225.00 $275.00	under 7,000 sq. ft. 7,001-15,000 sq. ft. 15,001 sq. ft.
Limited Food Establishment: snack bars, mobile trucks & pre-packaged foods	$75.00	

Mobile Truck(s): **$75.00**
Driver's Name(s):_____ License Plate(s):_____

Temporary Events (< 5 days): **$75.00** **(> 5 day):** **$100.00**

FOOD LICENSE APPLICANTS MUST PROVIDE THE FOLLOWING (Pre-Packaged App. EXEMPT):

Manager's Name: _____

Employers are responsible for having a person in charge present during all hours of operation.

Currently, is your manager/owner a certified food protection manager? ◯ **Yes /** ◯ **No**
If yes, sponsor name/date of course: _____
Course info.: (609) 588-3123, NJ State Department of Health

SWIMMING POOL LICENSE $325.00
Designated Adult Supervisor: _____
Trained Pool Operator: _____
Are safety employees' certifications current? ◯ Yes / ◯ No

CHILD CARE CENTER LICENSE $100.00
Director's Name: _____
Home Tel. #: _____

ANIMAL HARBORAGE LICENSE $100.00
◯ Kennel ◯ Pet Shop ◯ Shelter
Name of Supv.Vet.: _____

YOUTH CAMP LICENSE $50.00
Camp Name: _____
Director: _____
Dates: _____

VENDING MACHINE LICENSE **$25.00 each machine** *Attach additional sheets if necessary*

Machine Location(s):	Number:	Type (i.e. candy, soda, sandwich):
_____	_____	_____
_____	_____	_____
_____	_____	_____

MILK LICENSE $5.00 **(Public Eating/Food Establishments/Limited Foods exempt)**
(Check one) ◯ Milk Company ◯ Sub Dealer ◯ Milk Vending Machine