TOWNSHIP OF FAIRFIELD
APPLICATION FOR FOOD & BEVERAGE LICENSE

PLEASE MAKE CHECKS PAYABLE TO THE TOWNSHIP OF WEST CALDWELL

Please complete this application and remit with payment by July 1 to:

West Caldwell Health Department
30 Clinton Road
West Caldwell, NJ 07006

In conformity with the requirements of an ordinance entitled "Retail Food Establishments and Food and Beverage Vending Machines," the undersigned respectfully petitions for a license to operate.

TRADE NAME: _____

BUSINESS ADDRESS: _____

TYPE OF ESTABLISHMENT: _____
(Restaurant, grocery store, food stand, vending machine, mobile unit, etc.)

OWNER, OWNERS OR CORPORATION INFORMATION:

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ BUSINESS PHONE: _____

PLEASE INDICATE YOUR DAYS & HOURS OF OPERATION:

_____

DO YOU SELL ANY TYPE OF COLD SALADS (i.e., egg salad, tuna salad, etc.)? _____

IF "YES," WHAT TYPE OF SALAD(S)? _____

WHICH FOODS ARE PREPARED IN ADVANCE (12 or more hours before service)? _____

_____

DO YOU USE FRESH EGGS, PASTEURIZED EGGS OR BOTH IN FOOD PREPARATION?

_____

LICENSE EXPIRES JULY 1 OF EACH YEAR, per Fairfield Ordinance #285, adopted July 15, 1963; amended by Ordinance #93-56, adopted May 24, 1993.

Print name _____ *Signature* _____

FEE SCHEDULE *(please select one category below and place check next to most suitable choice)*:

A. All retail food establishments with a SEATING CAPACITY
- ___ 0 – 50 seats.....$75.00
- ___ 51 – 100 seats.....$135.00
- ___ 101 – 150 seats.....$200.00
- ___ 151+ seats $265.00

B. Take out only, with no seating on premises
- ___ 0 – 1,500 square feet.....$75.00
- ___ 1,501 – 3,000 square feet.....$135.00
- ___ 3,001 –4,500 square feet.....$200.00
- ___ 4,501+ square feet.....$265.00

C. Caterers and mobile units
- ___ Packaged foods .....$150.00 per truck – lic. plate # _____
- ___ Packaged ice cream, soda or confectionary ONLY.....$75.00 per truck – lic. plate # _____

D. Food and/or beverage vending machine ($30 for license plus $15 per machine)

_____
Name and Address of Fairfield Business (attached separate sheet if necessary)

E. Prepackaged snacks and confectionery products only.....$45.00

F. Non-profit (religious, public school, etc.) Tax ID # _____ *(no fee)*

FOR OFFICE USE ONLY:
FEE PAID _____ DATE PAID _____
LICENSE #: _____