

**BOROUGH OF LODI HEALTH DEPARTMENT**

**RETAIL LICENSE APPLICATION**

ONE MEMORIAL DRIVE, LODI, NJ 07644

973 859-7415

Fax# 973 859-7453

CATEGORY: FOOD: \_\_\_\_\_ MOBILE TRUCK: \_\_\_\_\_  
PET SHOP: \_\_\_\_\_ ICE CREAM TRUCK: \_\_\_\_\_  
POOL/SPA: \_\_\_\_\_ BEAUTY SALON/BARBER/MANICURE \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
BUSINESS PHONE #: \_\_\_\_\_  
FAX NUMBER: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_  
OWNERS HOME ADDRESS: \_\_\_\_\_  
CITY /STATE \_\_\_\_\_  
OWNERS PHONE #: \_\_\_\_\_  
EMERGENCY PHONE#: \_\_\_\_\_

TYPE OF OWNERSHIP: SELF: \_\_\_\_\_ PARTNERSHIP: \_\_\_\_\_  
CORPORATION: \_\_\_\_\_ OTHER: \_\_\_\_\_  
NAME OF PARTNERSHIP/CORPORATION: \_\_\_\_\_

**BUSINESS/PARTNER/CORPORATION/ OFFICERS NAME**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_  
PHONE #: \_\_\_\_\_

NEW BUSINESS \_\_\_\_\_ RENEWAL \_\_\_\_\_  
CHECK: \_\_\_\_\_ CHECK NUMBER: \_\_\_\_\_  
CASH: \_\_\_\_\_ DATE PAID: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

DOCUMENTATION MUST BE PROVIDED- FOOD MANAGER CERTIFICATE FOR FOOD ESTABLISHMENTS; SHOP LICENSES/PRACTITIONER LICENSES FOR BEAUTY SALON, BARBER, MANICURE; CERTIFICATE OF VETERINARY SUPERVISION-PETS SHOP/KENNEL/SHELTER

ALL LICENSES ARE NON-TRANSFERABLE—LICENSES EXPIRE MAY 31<sup>ST</sup>.

**RETAIL FOOD LICENSE FEE SCHEDULE GUIDELINE**  
 Check Applicable Category and Applicable Amount

Note: Establishments that fall under two or more categories shall obtain licenses for those respective categories.

**FOOD MARKETS**

- \_\_\_\_\_ A. Bakery
- \_\_\_\_\_ B. Delicatessen
- \_\_\_\_\_ C. Grocery Store
- \_\_\_\_\_ D. Supermarket
- \_\_\_\_\_ E. Convenience Store
- \_\_\_\_\_ F. Pre-Packaged (no food prepared or served)

**RESTAURANTS**

- |                              |                  |
|------------------------------|------------------|
| _____ A. Full Service        | # of Seats _____ |
| _____ B. Luncheonette        | # of Seats _____ |
| _____ C. Fraternal Hall      | # of Seats _____ |
| _____ D. Tavern              | # of Seats _____ |
| _____ E. Catering Commission | # of Seats _____ |
| _____ F. Fast Food           | # of Seats _____ |
| _____ G. Ice Cream Store     | # of Seats _____ |

**MOBILE**

- \_\_\_\_\_ A. Prepackaged Food Only (NO OPEN FOOD ALLOWED)
- \_\_\_\_\_ B. Ice Cream Truck

Vehicle Make/Model                      Year                      License Plate #

Source of Food (list all commissaries or other sources)

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Food Items \_\_\_\_\_

|        |             |                 |
|--------|-------------|-----------------|
| ROUTE: | TIME: _____ | LOCATION: _____ |
|        | TIME: _____ | LOCATION: _____ |
|        | TIME: _____ | LOCATION: _____ |
|        | TIME: _____ | LOCATION: _____ |

VITAL INFORMATION SURVEY

Name(s) and of person(s) who attended Food Handlers Training Course and date of certification: (Current food handlers certification required). Provide copies.

\_\_\_\_\_

Name, Address, Telephone # of the following service providers (if applicable).

Exterminator: \_\_\_\_\_

Cooking Oil Waste Contractor: \_\_\_\_\_

Solid Waste Contractor: \_\_\_\_\_

If applicable, ventilation hood cleaning contractor:  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Inspector Reviewed: \_\_\_\_\_

**PLEASE READ CAREFULLY**

I CERTIFY THAT THE INFORMATION STATED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT ANY WILLFULL, FALSE STATEMENTS ARE CAUSE FOR REJECTIONS OF THIS APPLICATION.

IT IS FURTHER UNDERSTOOD THAT THIS LICENSE IS GRANTED ONLY TO THE OWNERSHIP LISTED ON THIS APPLICATION FOR THE PERIOD STATED.

**NON TRANSFERABLE**

PLACE, BUSINESS AND OWNERSHIP IS NOT TRANSFERABLE IN ANY FORM. FAILURE TO COOPERATE THE BUSINESS IN COMPLIANCE WITH CHAPTER 24 OF THE NEW JERSEY STATE SANITARY CODE AND ANY AND ALL OTHER APPLICABLE LAWS AND REGULATIONS OF THE STATE OF NEW JERSEY AND THE BOROUGH OF ELMWOOD PARK MAY RESULT IN REVOCATION OF THE LICENSE, AND/OR ADDITIONAL FEES.

I UNDERSTAND THAT ANY CHANGE IN THE INFORMATION IN THIS APPLICATION, ANY ALTERATIONS OR ADDITIONS, NEW CONSTRUCTION, OR EQUIPMENT, MUST BE APPROVED BY THE HEALTH DEPARTMENT AND OTHER MUNICIPAL OFFICES PRIOR TO SUCH ACTION. THE HEALTH DEPARTMENT MUST BE NOTIFIED OF FIRES, FLOODING OR OTHER INCIDENTS CAUSING INTERRUPTION OF OPERATION.

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_