

# BOROUGH OF CLOSTER

DEPARTMENT OF HEALTH

JAMES M. FEDORKO  
HEALTH OFFICER

JIN BAE  
REGISTERED ENVIRONMENTAL  
HEALTH SPECIALIST  
BOH SECRETARY, LICENSING OFFICIAL  
CERTIFIED MUNICIPAL REGISTRAR



BOROUGH HALL  
201-784-0600 EXT.493  
Fax No. 201-784-0371

## CATERING FOOD ESTABLISHMENT

APPLICATION IS HEREBY MADE FOR A LICENSE TO OPERATE A RETAIL FOOD HANDLING ESTABLISHMENT AS DEFINED IN THE REVISED CLOSTER HEALTH CODE, ARTICLES IV AND XII.

**FEE— Food: \$190 + Milk: \$5.00**

TRADE NAME: \_\_\_\_\_

CORPORATION NAME: \_\_\_\_\_

Telephone Number at Restaurant: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Name and Address of Owner(s) \_\_\_\_\_

OWNER'S EMAIL ADDRESS: \_\_\_\_\_ CELL PHONE NO. OF THE OWNER: \_\_\_\_\_

Food: \_\_\_\_\_ Milk: (Additional \$5.00) \_\_\_\_\_ Total: \_\_\_\_\_

### NAME OF PERSON FROM ESTABLISHMENT THAT HAS TAKEN THE FOOD MANAGER'S COURSE

\*\* \_\_\_\_\_

**\*\*IF DATE CERTIFIED IS OVER FOUR YEARS, A NEW COURSE MUST BE TAKEN: NO EXCEPTIONS**

**(PLEASE INCLUDE COPIES OF CERTIFICATION WITH THE LICENSE RENEWAL)**

NAME OF GARBAGE CONTRACTOR: \_\_\_\_\_

NAME OF LICENSED PROFESSIONAL EXTERMINATOR: **(MUST INCLUDE COPY OF CONTRACT WITH LICENSE RENEWAL)**

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PLEASE LIST NAME, ADDRESS & TELEPHONE NUMBER OF ALL SUPPLIERS:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

IN CONSIDERATION OF SUCH LICENSE, APPLICANT AGREES TO COMPLY AT ALL TIMES WITH ALL STATUTES, ORDINANCES, RULES AND REGULATIONS OF BOTH THE NEW JERSEY DEPARTMENT OF HEALTH AND OF THE BOROUGH OF CLOSTER. LICENSE, IF GRANTED, IS UPON EXPRESS CONDITION OF ITS FORFEITURE OR REVOCATION IF CASE THE LICENSEE, HIS AGENT, OR SERVANT VIOLATES THE CONDITIONS SET FORTH HEREIN.

PLEASE NOTE:

- APPLICATION MUST BE COMPLETED IN ITS ENTIRETY AND RETURNED WITH APPLICABLE FEE
- LICENSES ARE NOT TRANSFERRABLE IF BUSINESS IS SOLD
- LICENSES ARE RENEWABLE IN JANUARY AND EXPIRE DECEMBER 31<sup>ST</sup>

I hereby consent to inspection by the Closter Health Department and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with state and local retail food establishment requirements, a copy of which I have received. BY SIGNING BELOW, I HEREBY UNDERSTAND AND COMPLY WITH ALL THE CONDITIONS SET FORTH IN THIS APPLICATION.

\_\_\_\_\_

PRINT NAME AND SIGN

\_\_\_\_\_

DATE