

BOROUGH OF CLOSTER

DEPARTMENT OF HEALTH

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HEALTH OFFICER

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



BOROUGH HALL
201-784-0600 EXT.493
FAX NO. 201-784-0371

PACKAGED FOOD LICENSE

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

Fee – Food: \$50.00, Milk: \$5.00, Total: \$55.00

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

TRADE NAME: _____

CORPORATION NAME: _____

ADDRESS: _____ PHONE NO.: _____

Name and Address of Owner(s) _____

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

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

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

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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 31ST

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