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

RESTAURANT LICENSE

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

Seating capacities of 0-49: $185.00/Seating capacities of 50-99: $250.00/Seating capacities of 100 or more: $400.00

TRADE NAME: _____ NUMBER OF SEATING: _____

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(S) 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)**==

_____

>>>>>>

NAME AND PHONE # OF GREASE TRAP CLEANING SERVEICE: _____

**IF YOU DON'T HAVE CONTRACTED SERVICE FOR CLEANING OF GREASE TRAP, PLEASE INCLUDED "LOG SHEET" OF GREASE TRAP CLEANING SCHEDULED.

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 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