

# HIGHLAND PARK BOARD OF HEALTH

221 SOUTH 5TH AVENUE, HIGHLAND PARK, NJ 08904

APPLICATION TO OPERATE RETAIL FOOD ESTABLISHMENT IN THE BOROUGH OF HIGHLAND PARK

Name Of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Owner: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_

Total Number of Food Handlers: \_\_\_\_\_

Type Of Garbage Disposal Facilities - Frequency Of Collection \_\_\_\_\_

## **Pre-packaged Foods Only**

Pre-packaged foods only (\$50.00 per year)

## **Restaurants, Taverns, Luncheonettes** (Check the correct number of seats)

0-50 Seats (\$100.00 per year)

51-200 Seats (\$150.00 per year)

201+ Seats (\$200.00 per year)

## **Markets** (Check the correct sq. ft. for your establishment)

0 - 3500 Square Feet (\$100.00 per year)

3501 - 5000 Square Feet (\$125.00 per year)

5001 – 10,000 Square Feet (\$150.00 per year)

10,001 or More Square Feet (\$200.00 per year)

## **Non-profit Organizations** (Include proof of your tax exempt status)

Non-profit Organizations (\$50.00 per year)

## **Non-public Schools, Childcare Providers, etc.**

Pre-packaged foods only (\$50.00 per year)

## **Temporary Vendors** (Fairs, Carnivals, etc.)

Temporary vendors (\$50.00 per year)

Fee Enclosed: \_\_\_\_\_

**Important: Attach a copy of your most recent Food Handlers Course Certification.**

\_\_\_\_\_  
(Signature of Applicant)

FOR OFFICE USE ONLY:

License Number: \_\_\_\_\_

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

***If you have any questions regarding this application, please call the secretary for the Highland Park Health Department, at (732) 777-6013.***