

LINDEN BOARD OF HEALTH
 605 South Wood Avenue, Linden, New Jersey 07036
 (908) 474-8409 email: health@linden-nj.org

APPLICATION

RETAIL FOOD ESTABLISHMENTS
 (Valid February 1, 20__ thru January 31, 20__)

ESTABLISHMENT LOCATION INFORMATION

New Licenses: Plan review application approved by _____ Date _____
 Please Select One: Application for NEW Licenses (Fee determined after Plan Review)
 Application for RENEWAL of Existing License

Name of Establishment:	Establishment Phone#: _____
Address of Establishment	Fax #: _____
	Email: _____

Type of Food Establishment (Describe): _____

TAKE OUT ONLY: YES / NO DINE IN: YES / NO #of Seats _____ Total Sq. Footage _____
 (Circle One) (Circle One)

OWNER INFORMATION

Name of Owner(s): _____
 (If owner is a Corporation or LLC, list officers & addresses on back of application)

Address of Owner	Home Phone # _____
	Cell Phone # _____
	Other Numbers _____

T4 TakeOut or <25 seats/Café

FEE SCHEDULE

(Fee determined by Plan Review)

<input type="checkbox"/> \$50.00 T-1	Pre-packaged: Absolutely No Food Contact Or Snack Foods as a convenience	<input type="checkbox"/> \$100.00 T-5	Food Preparation: Seating 26-100 people Or Food Establishment <20,000 sq.ft
<input type="checkbox"/> \$50.00 T-2	Limited Food Preparation No Seating, No Cooking	<input type="checkbox"/> \$150.00 T-6	Food Preparation: Seating >100 people Or Food Establishment >20,000 sq.ft.
<input type="checkbox"/> \$50.00 T-3	Tavern No Food Preparation	<input type="checkbox"/> \$200.00 T-7	Supermarkets and Wholesale Clubs
<input type="checkbox"/> \$75.00 T-4	Food Preparation: Takeout Or Seating <25 people Or School/Private Cafeteria	<input type="checkbox"/> \$25.00	LATE FEE (After January 31st)

Signature of Applicant _____ Date _____

----- For Health Department Use Only -----

License # _____ Date: _____
 Health Officer: _____