

## LINDEN BOARD OF HEALTH

605 South Wood Avenue, Linden, New Jersey 07036  
(908) 474-8409 email: [health@linden-nj.org](mailto: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 _____
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#### 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 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 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 Seating <25 people School/Private Cafeteria	<input type="checkbox"/> <b>\$25.00</b>	<b>LATE FEE (After January 31<sup>st</sup> )</b>

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

License # \_\_\_\_\_

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

Health Officer: \_\_\_\_\_