



BOARD OF HEALTH

BOROUGH OF ALLENDALE
500 West Crescent Avenue, Allendale, NJ 07401-1792

(201) 818-4400 EXT. 211
FAX: (201) 825-1913

Date: _____

TO ALL RETAIL FOOD ESTABLISHMENTS:

Enclosed you will find the application for the year _____, Retail Food Establishment License.

Please file your application/s as soon as possible, preferably by December 31st. Ordinance #749; Section 51-9 requires that a late penalty be assessed for applications received more than 10 days after the license expires.

Therefore, on application/s received after January 10th, there shall be a \$10.00 penalty charged for license fees of \$100.00 or less and a \$25.00 penalty charged for license fees above \$100.00.

If there are any questions please contact this office between 9:00 a.m. and 12:00 noon.

Health Inspector
Borough of Allendale



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APPLICATION FOR A RETAIL FOOD LICENSE

FEE: _____

LICENSE NO: _____

YEAR: _____

DATE: _____

Filing of this application does not authorize the applicant to begin operating. The application must first be approved and a license issued. The license, when issued, will expire on December 31st, unless it is a temporary. Licenses are not transferable.

The applicant agrees that this establishment will comply with all applicable Local and State Health regulations and will be open to inspection by Local and State Health Department Inspectors.

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NAME OF APPLICANT (Owner/Title)

NAME OF ESTABLISHMENT

CHECK ONE:

Individual Partnership Corporation Non-Profit

Business Address: _____

Owners Address: _____

Home Phone: _____ Business Phone: _____

PLEASE LIST NAMES OF THOSE WHO HAVE CERTIFICATES OF COMPLETION FOR THE FOOD HANDLERS COURSE AS PER ORDINANCE #771. PLEASE INDICATE 3 HOUR OR 18 HOUR.

Name: _____ 3 – Hour or 18 – Hour

Name: _____ 3 – Hour or 18 – Hour

Name: _____ 3 – Hour or 18 – Hour

Name: _____ 3 – Hour or 18 – Hour

Name: _____ 3 – Hour or 18 – Hour

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SEATING CAPACITY (Including Bar Stools) _____

