Florham Park Health Department Universal License Application

Establishment T/A:					
Establishment Address: _					
ity:	State: _	te:Zip Code:			
elephone #:	Fax #: _	#: e-mail:			
Owner:					
ddress:		Telephone #:			
ity:	State: _	ite:Zip Code:			
,	appropriate license class whic	* *			- •
Retail Food Establishmen	nts	□ Vending			
Risk 1	\$100.00	Vending Type	Number	Fee	Total Fee
Risk 2	\$200.00		Humber		10(4) 1 00
Risk 3	\$400.00	Prepackaged		\$20.00	
Risk 4	\$400.00	Gum Ball		\$ 5.00	
Mobile Food	\$100.00	All Others		\$40.00	
Temporary	\$ 50.00			\$40.00	
(7 day) Dates:	"	Location of			
Time:		Vending			
Name of event:		Machine(s)			
Non-profit	\$ 0.00				
Recreational Bathing License □ First License \$500.00 □ Each additional \$100.00 Number of additional:		Kennel/Pet Shop License □ Pet Shop \$ 10.00 □ Kennel <11 Dogs			
	ecember 31st of the year in who ard of Health for failure to c		e State and Lo		
Date:		Date:	•		
		License #			Check #
		Fee Paid			Cash