

# Riverdale Health Department Universal License Application

Establishment T/A: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*Please mark (x) the appropriate license class which applies and submit fee. Checks must be made payable to:  
Pequanock Township (or they will be returned.) Mail: 530 Turnpike, Pompton Plains, N.J. 07444*

### Retail Food Establishments

<input type="checkbox"/> <b>Risk 1</b> <input type="checkbox"/> <6,000 sq. ft.      \$ 100.00 <input type="checkbox"/> ≥6,000-50,000 sq. ft.      \$ 200.00 <input type="checkbox"/> ≥50,000 sq. ft.      \$ 400.00  <input type="checkbox"/> <b>Risk 2</b> <input type="checkbox"/> <6,000 sq. ft.      \$ 100.00 <input type="checkbox"/> ≥6,000-50,000 sq. ft.      \$ 200.00 <input type="checkbox"/> ≥50,000 sq. ft.      \$ 400.00	<input type="checkbox"/> <b>Risk 3</b> <input type="checkbox"/> <6,000 sq. ft.      \$ 100.00 <input type="checkbox"/> ≥6,000-50,000 sq. ft.      \$ 200.00 <input type="checkbox"/> ≥50,000 sq. ft.      \$ 400.00  <input type="checkbox"/> <b>Risk 4</b> <input type="checkbox"/> <6,000 sq. ft.      \$ 100.00 <input type="checkbox"/> ≥6,000-50,000 sq. ft.      \$ 200.00 <input type="checkbox"/> ≥50,000 sq. ft.      \$ 400.00																				
<input type="checkbox"/> <b>Temporary</b> \$ 50.00 (≤21 days) Dates: _____ Time: _____ Name of event: _____	<b>Recreational Bathing</b> <input type="checkbox"/> Bathing Beach      \$ 400.00 <input type="checkbox"/> Hot tub/Spa      \$ 50.00 <input type="checkbox"/> Swimming Pool      \$ 275.00 <input type="checkbox"/> Wading Pool      \$ 50.00																				
<input type="checkbox"/> <b>Nonprofit</b> \$ 0.00 <input type="checkbox"/> <b>Mobile Food</b> \$ 150.00 <input type="checkbox"/> <b>Vending (see chart below)</b>	<b>Kennel/Pet shop License</b> <input type="checkbox"/> Pet Shop      \$ 10.00 <input type="checkbox"/> Kennel <11 Dogs      \$ 10.00 <input type="checkbox"/> Kennel >10 Dogs      \$ 25.00																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Vending Type</th> <th style="width: 15%;">Number</th> <th style="width: 25%;">Fee</th> <th style="width: 35%;">Total Fee</th> </tr> </thead> <tbody> <tr> <td>Prepackaged</td> <td></td> <td>\$ 20.00</td> <td></td> </tr> <tr> <td>Gum Ball</td> <td></td> <td>\$ 5.00</td> <td></td> </tr> <tr> <td>All Others</td> <td></td> <td>\$ 20.00</td> <td></td> </tr> <tr> <td>Location of Vending Machine(s)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Vending Type	Number	Fee	Total Fee	Prepackaged		\$ 20.00		Gum Ball		\$ 5.00		All Others		\$ 20.00		Location of Vending Machine(s)				<b>Body Art Annual Renewal</b> <input type="checkbox"/> Initial Tattoo/Perm. Cosmetic      \$ 200.00 <input type="checkbox"/> Initial Body Piercing      \$ 100.00 <input type="checkbox"/> Renewal Body Piercing      \$ 50.00 <input type="checkbox"/> Renewal Tattoo/Perm. Cosmetic      \$ 100.00
Vending Type	Number	Fee	Total Fee																		
Prepackaged		\$ 20.00																			
Gum Ball		\$ 5.00																			
All Others		\$ 20.00																			
Location of Vending Machine(s)																					

### 2017 License Application

**All licenses expire on December 31<sup>st</sup> of the year in which it is issued and is not transferable. This license may be revoked by action of the Board of Health for failure to comply with applicable State and Local Standards.**

#### Office Use Only:

\_\_\_\_\_  
Signature of Owner/Agent

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

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

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

Fee Paid \_\_\_\_\_

Check # \_\_\_\_\_

Cash \_\_\_\_\_