

# Florham Park 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:**

**Pequannock Township (or they will be returned.)** Mail: 530 Turnpike, Pompton Plains, N.J. 07444

<p><b>Retail Food Establishments</b></p> <p><input type="checkbox"/> Risk 1                      \$100.00</p> <p><input type="checkbox"/> Risk 2                      \$200.00</p> <p><input type="checkbox"/> Risk 3                      \$400.00</p> <p><input type="checkbox"/> Risk 4                      \$400.00</p> <p><input type="checkbox"/> Mobile Food                \$100.00</p> <p><input type="checkbox"/> Non-Profit                 \$ 0.00</p> <p><input type="checkbox"/> Temporary                 \$ 50.00</p> <p>(7 day) Dates: _____</p> <p>Time: _____</p> <p>Name of event: _____</p>	<p><input type="checkbox"/> Vending</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Vending Type</th> <th style="width: 25%;">Number</th> <th style="width: 25%;">Fee</th> <th style="width: 25%;">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>\$40.00</td> <td></td> </tr> <tr> <td colspan="2">Location of Vending Machine(s)</td> <td colspan="2"></td> </tr> </tbody> </table>	Vending Type	Number	Fee	Total Fee	Prepackaged		\$20.00		Gum Ball		\$ 5.00		All Others		\$40.00		Location of Vending Machine(s)			
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<b>Body Art Initial License</b>	
<input type="checkbox"/> Tattoo	\$0.00
<input type="checkbox"/> Permanent Cosmetics	\$0.00
<input type="checkbox"/> Body Piercing	\$0.00
<b>Body Art Annual Renewal</b>	
<input type="checkbox"/> Tattoo	\$0.00
<input type="checkbox"/> Permanent Cosmetics	\$0.00
<input type="checkbox"/> Body Piercing	\$0.00

<b>Kennel/Pet Shop License</b>	
<input type="checkbox"/> Pet Shop	\$ 100.00
<input type="checkbox"/> Kennel <11 Dogs	\$ 100.00
<input type="checkbox"/> Kennel >10 Dogs	\$ 150.00

<b>Recreational Bathing License</b>	
<input type="checkbox"/> First License	\$500.00
<input type="checkbox"/> Each Additional	\$100.00
Number of additional _____	

<p><b>All licenses expire on December 31<sup>st</sup> of the year in which they are issued and are not transferable. This license may be revoked by action of the Board of Health for failure to comply with applicable State and Local Standards.</b></p>	
<p>_____ Signature of Owner/Agent</p>	<p><b>Office Use Only:</b> Date: _____ License # _____                      <input type="checkbox"/> Check # Fee Paid _____                      <input type="checkbox"/> Cash</p>