

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:**

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

<p>Retail Food Establishments</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Risk 1 <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"/> Risk 2 <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 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Risk 3 <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"/> Risk 4 <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 </td> </tr> </table>	<input type="checkbox"/> Risk 1 <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"/> Risk 2 <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"/> Risk 3 <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"/> Risk 4 <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"/> Nonprofit \$ 0.00 <input type="checkbox"/> Mobil Food \$150.00 <input type="checkbox"/> Vending (see chart below)
<input type="checkbox"/> Risk 1 <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"/> Risk 2 <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"/> Risk 3 <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"/> Risk 4 <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		

Recreational Bathing License

<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

Kennel/Pet Shop License

<input type="checkbox"/> Pet Shop	\$ 10.00
<input type="checkbox"/> Kennel <11 Dogs	\$ 10.00
<input type="checkbox"/> Kennel >10 Dogs	\$ 25.00

Body Art Annual Renewal

<input type="checkbox"/> Tattoo	\$100.00
<input type="checkbox"/> Permanent Cosmetics	\$100.00
<input type="checkbox"/> Body Piercing	\$ 50.00

Vending Type	Number	Fee	Total Fee
Prepackaged		\$20.00	
Gum Ball		\$ 5.00	
All Others		\$40.00	
Location of Vending Machine(s)			

<input type="checkbox"/> Temporary \$ 50.00
(≤21 days) Dates: _____ Time: _____ Name of Event: _____

All licenses expire on December 31st 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.

Signature of Owner/Agent _____ Date: _____	Office Use Only: Date: _____ License # _____ Fee Paid _____ <table style="float: right; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Check #</td> </tr> <tr> <td><input type="checkbox"/> Cash</td> </tr> </table>	<input type="checkbox"/> Check #	<input type="checkbox"/> Cash
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