

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>Retail Food Establishments</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 style="text-align: center;">More space on back of form</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>Location of Vending Machine(s)</td> <td colspan="3"></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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Prepackaged		\$20.00																			
Gum Ball		\$ 5.00																			
All Others		\$40.00																			
Location of Vending Machine(s)																					

Body Art Initial License

Tattoo \$0.00

Permanent Cosmetics \$0.00

Body Piercing \$0.00

Body Art Annual Renewal

Tattoo \$0.00

Permanent Cosmetics \$0.00

Body Piercing \$0.00

Kennel/Pet Shop License

Pet Shop \$ 100.00

Kennel <11 Dogs \$ 100.00

Kennel >10 Dogs \$ 150.00

Recreational Bathing License

First License \$500.00

Each Additional \$100.00

Number of additional _____

All licenses expire on December 31st 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.

Signature of Owner/Agent _____

Office Use Only:	
Date:	
License #	<input type="checkbox"/> Check #
Fee Paid	<input type="checkbox"/> Cash

**Up to 7 Temporary Events may be attended with 1 license.
All events must be listed at time of licensing.**

Name of Event: _____
Location: _____
Date: _____
Time: _____

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Date: _____
Time: _____

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Time: _____

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