

RIDGEFIELD HEALTH DEPARTMENT

725 SLOCUM AVENUE

RIDGEFIELD, NJ 07657

TEL: (201) 943-6062 FAX: (201) 943-5978

LICENSE APPLICATION: January 1, 2020 - December 31, 2020

NOTE: All fees must be paid by Jan. 31, 2020 - Late fees will be charged on Feb. 1, 2020 as follows: Feb. 1, 2020 - 50% Surcharge; Mar. 1, 2020 - 75% Surcharge; Apr. 1, 2020 - 100% Surcharge

SECTION 1:

Legal Establishment/Corporation Name: _____

Corporations: *List principals' (corporate offices and principal agent)*

Establishment Trade Name: _____

DEP Pest Control Contractor License #: _____

Establishment Address: _____

Establishment Telephone #: _____ FAX# _____ E-Mail _____

SECTION 2:

Owner's Name: _____ Owner's Telephone#: _____

Owner's Address: _____

SECTION 3:

Please print the name(s) of the person(s) in the establishment who will be responsible for maintaining food safety for this Risk Level 3 food establishment. The NJ Sanitary Code requires there be at least one employee on the premises that possesses a **CERTIFIED FOOD MANAGER'S CERTIFICATE**. A copy of each employee's current certificate must be on record with this Department.

PRINT NAME OF CERTIFIED MANAGER(S)

MONTH/YEAR OF LAST TRAINING

PRINT NAME OF CERTIFIED MANAGER(S)

MONTH/YEAR OF LAST TRAINING

SECTION 4:

Classification: *(Please check one)* Make checks payable to: *Ridgefield Health Department*

A. Food establishment: Restaurants (Cooking, cooling, re-heating = Certified)

- 1. Seating Capacity - 1 to 25Fee \$225.00
- 2. Seating Capacity - 26 to 49 Fee \$300.00
- 3. Seating Capacity - 50 to 100.....Fee \$400.00
- 4. Seating Capacity - 101 to 200.....Fee \$450.00
- 5. Seating Capacity - Over 200.....Fee \$550.00

B. Food establishment: Pre-packaged Foods, Bakery, Deli, Catering, etc. (No seating but may be CFM)

- 1. Less than 5 employees.....Fee \$225.00
- 2. 5 - 10 employeesFee \$300.00
- 3. 11 - 20 employeesFee \$375.00
- 4. 21 - 30 employeesFee \$475.00
- 5. 31 - 40 employees.....Fee \$575.00

C. Supermarkets and Food Warehouses

- 1. Up to 5,000 square feet.....Fee \$550.00
- 2. 5,000 square feet - 12,499 square feet..... Fee \$750.00
- 3. Maximum Fee (Over 12,500 square feet).....Fee \$1,200.00

D. Mobile Retail Food

- 1. First vehicleFee \$350.00
- 2. Additional vehicle of conveyance.....Fee \$250.00
- 3. Name, address, phone of food caterer: _____
- 4. Vehicle License Plate Number: _____

Note: ALL food sold for public consumption must be pre-packaged and prepared at or purchased from an approved/licensed facility. Preparation of food in a "home kitchen" is strictly forbidden.

E. Milk, Dairy, and Deliveries

- 1. Operators license..... Fee \$150.00
- 2. Each vehicle of conveyance.....Fee \$150.00

F. Vending Machines

- 1. Operators license.....Fee \$175.00
- 2. Each machine..... Fee \$17.00
- 3. Total number of machines: _____
- 4. Location of machines: _____

G. Dry Cleaning and Laundry Machines (coin operated only)

- 1. Establishment license.....Fee \$200.00
- 2. Each coin operated machine..... Fee \$12.00
- 3. Number of washing machines: _____ Number of dryers: _____
- 4. Total number of machines: _____

H. Child Care Center (daycare/nursery).....Fee \$175.00

I. School Cafeteria.....Fee \$200.00

J. Animal Facilities (pet shops, kennels, shelters, pounds, animal hospital).....Fee \$200.00

K. Cosmetology Shop Permit (barber, hair, beauty, nail, facial salons).....Fee \$150.00

L. Tanning Facilities Permit (attach NJDHSS application).....Fee \$150.00

M. Health Club Permit (massage/spa)..... Fee \$1,000.00

- 1. Massage Practitioner Permit..... Fee \$250.00

N. Motel/Hotel Permit.....Fee \$550.00

O. Retail Tobacco Establishment Permit.....Fee \$325.00

P. Public Bathing Facilities (condominiums, spas, etc.).....Fee \$350.00

- 1. Municipal pools.....Fee Exempt
- 2. Name, certificate # of certified pool operator: _____

Q. Temporary Food Vendors (carnivals, fairs, etc.)

- 1. 1 – 3 days.....Fee \$125.00 2. 3 – 10 days..... Fee \$150.00

R. Non-Profit Organizations (religious, charitable, educational, etc. with kitchens)

- 1. Submit 501c3 non-profit documentation..... Fee Exempt

Signature of Applicant: _____ Print Name: _____ Date: _____

FOR HEALTH DEPARTMENT USE ONLY-----

Date Received: ____/____/20____ License Number: _____ Approved By: _____

Date Issued: ____/____/20____ Cash/Check #: _____ Risk Classification: _____
Check \$: _____