

**RIDGEFIELD HEALTH DEPARTMENT**

725 SLOCUM AVENUE

RIDGEFIELD, NJ 07657

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

**LICENSE APPLICATION: January 1, 2024 - December 31, 2024**

**NOTE: All fees must be paid by Jan. 31, 2024 - Late fees will be charged on Feb. 1, 2024 as follows:**  
Feb. 1, 2024 - 50% Surcharge; Mar. 1, 2024 - 75% Surcharge; Apr. 1, 2024 - 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 25 .....Fee \$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 employees .....Fee \$300.00
- 3. 11 - 20 employees .....Fee \$375.00
- 4. 21 - 30 employees .....Fee \$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 vehicle .....Fee \$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: \_\_\_\_/\_\_\_\_/2024 License Number: \_\_\_\_\_ Approved By: \_\_\_\_\_

Date Issued: \_\_\_\_/\_\_\_\_/2024 Cash/\$: \_\_\_\_\_ Risk Classification: \_\_\_\_\_

Check# /\$: \_\_\_\_\_