

CARLSTADT BOARD OF HEALTH

500 Madison Street
Carlstadt, NJ 07072
201-531-7182 – 201-362-1942
LICENSE IS NOT TRANSFERABLE

Name of business: _____

Business address: _____

Owner name: _____

Owner address: _____

Business phone: _____ Owner phone: _____

Email: _____

Type of license applying for: Renewal New Application

Type of establishment: _____

No. of full time employees: _____ No. of part-time employees: _____
(Employees only that handle food)

No. of seats: _____ Hours of operation: _____

The following documentation **MUST BE PROVIDED** with application (can be used as a checklist):

- | | | | |
|---|-----------|------------------------------|-----------------------------|
| • Sketch plan of establishment | Included? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Copy of exterminating contract | Included? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Listing of where food is acquired from | Included? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Grease trap cleaning contractors name | Included? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Dumpster/waste removal contract | Included? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • (A MUST) Food manager certification(s) | Included? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • (A MUST) Food handler certification(s) | Included? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ***If not certified as a Manager/Handler, proof or registration of classes must be included | | | |
| • Proof of Business registration | Included? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Copy of menu provided | Included? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Verification that all taxes are paid up-to-date | Included? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

In making this application, I hereby agree to conduct the operation of the food establishment in conformance with the provisions of Chapter BH-VI of the New Jersey Sanitary Code and the Code of the Borough of Carlstadt and that all information is accurate to the best of my knowledge.

Applicant Signature & Date

Print Name & Title

SEE BACK

License Fee Schedule – Based upon seating capacity (payment must be included with application):

- 1 – 25 seats \$ 125.00
- 26 – 50 seats \$ 225.00
- 51 - 100 seats \$ 325.00
- 101 - 250 seats \$ 425.00
- 251 and above \$ 525.00
- Supermarkets \$ 1,000.00

General information for applicants:

- **Section BH: 6-5 Retail Food Establishments** governs the Local Code
- All applicable State and local laws must be followed
- **All licenses expire on December 31 of each year**
- **All renewal applications are due by January 31 of each year**
- A Health Inspection must be passed before operations can commence
- A Health Inspection can be scheduled by calling: 201-531-7182 – 201-362-1942
- Please contact the Tax Collector at 201-939-1779 to verification that taxes are paid
- All payments must be made via check, cash or money order (No credit cards will be accepted)
- Additional approvals may be required before opening (ex: C.O. from Building Department, Zoning Department or Governing Body, etc.)

Any questions, please do not hesitate to contact the Health Secretary, Hernan Lopez at 201-531-7182 or 201-362-1942. Thank you for your cooperation.