

CARLSTADT BOARD OF HEALTH

500 Madison Street

Carlstadt, NJ 07072

201-531-7182

201-362-1942

2020 STORE/WHOLESALE APPLICATION

Date: _____ New Application _____ Renewal _____

Owner of Establishment: _____

Trade or Store Name: _____

Address of Establishment to be licensed: _____

Telephone # of Establishment: _____

Email Address: _____

Owner/Manger Cell Phone #: _____

Billing Address: _____

Telephone #: _____

Type of Establishment: _____

*****Please attach a copy of food handler's and Manager's certificate*****

How many people does your establishment accommodate? _____

Name of Waste Hauler: _____ Phone # _____

Name of Fat & Oil Hauler: _____ Phone # _____

If this is a new establishment or if a renovation is planned, please submit a floor plan with the proposed layout of equipment for approval to The Carlstadt Board of Health Administrator. No business may be carried on until the Board of Health gives approval.

IN CONSIDERATION OF THE ISSUANCE OF THIS LICENSE, THE APPLICANT AGREES TO COMPLY AT ALL TIMES WITH THE CARLSTADT HEALTH DEPARTMENT CODE AND/OR AMENDMENTS THERETO AND ANY OR ALL OTHER CODES PROMULGATED. IT IS FURTHER AGREED THAT I, OR WE, WILL SURRENDER THIS LICENSE, IF GRANTED TO THE CARLSTADT BOARD OF HEALTH ON DEMAND.

(Signature of Owner/Manager)

**DO NOT FILL IN THIS SECTION
FOR HEALTH DEPARTMENT USE ONLY**

Date Paid: _____ Check #: _____ Food License #: _____ Fee: \$100