



**BOROUGH OF CARLSTADT**

**Office of the Borough Clerk**

Memorial Municipal Building  
500 Madison Street  
Carlstadt, NJ 07072

**STORE/RESTAURANT 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: \_\_\_\_\_

Names of Employees with Food Handler's Certificate: \_\_\_\_\_

**\*\*\*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  
Secretary.**

**No business may be carried on until the Board of Health gives approval. Licensing fees  
will not be accepted until the Registered Environmental Health Specialist has inspected  
the establishment.**

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 #: \_\_\_\_\_ Milk License #: \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_

Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Food License #: \_\_\_\_\_ Fee Paid: \_\_\_\_\_