APPLICATION FOR LICENSE TO 0	OPERATE AND/OR CONDUCT A FOOD & DRINK E	ESTABLISHMENT
	F MOUNTAIN LAKES, MOUNTAIN LAKES, NEW JI	ERSEY
ALL LICENS	SES EXPIRE DECEMBER 31st OF EACH YEAR	
TRADE NAME OF ESTABLISHMENT:		
ADDRESS OF ESTABLISHMENT:		
TELEPHONE NUMBER OF ESTABLISHMENT:		
FAX NUMBER:		
OWNER'S NAME:		
OWNER'S ADDRESS:		
OWNER'S PHONE NUMBER (MUST BE DIFFEREN	NT THAN NUMBER OF ESTABLISHMENT:	
OWNER'S EMAIL ADDRESS:		
IS OWNERSHIP BY AN INDIVIDUAL, PARTNER, O	R CORPORATION?	
IF BY CORPORATION, PLEASE LIST NAMES AND	O ADDRESSES OF OFFICERS ON AN ATTACHED	SHEET OF PAPER
PLEASE INDICATE WHERE NOTICES AND/OR MA		
INDIVIDUAL CERTIFIED IN FOOD SAFETY:		
FOOD SAFETY CERTIFICATE #:	DATE COMPI	LETED:
-		
DESCRIPTION OF FOOD SERVICES REQUESTED 1	FO BE LICENSED FOR:	
MANAGER'S NAME:	MANAGER'S	PHONE #:
MANAGER'S EMAIL ADDRESS:		
INTENDED HOURS OF OPERATION:	NUMBER OF	EMPLOYEES:
WILL ANY ALCOHOLIC BEVERAGES BE SOLD?		
IS ESTABLISHMENT SERVICED BY WELL WATER,	CITY WATER. SEWER. OR SEPTIC SYSTEM?	
intent and provisions of all state and local Co limited to: Chapter 24 of the State of New Je It is understood that no license shall be trans	ee at all times to conduct said premises in confo odes and Ordinances. These Codes and Ordinan crsey, Department of Health State Sanitary Code sferable and licenses may be suspended or revo ance with recommendations by the Board of He	ces shall include, but not be e. oked by the Board of Health
SIGNATURE OF APPLICANT	TITLE OF APPLICANT	APPLICATION DATE
FEE SCHEDULE For each premises or establishm Non-Restaurant Establishments where food iter Institutions Temporary Establishments Restaurants, 1-99 Seats Restaurants, 100+ Seats		\$75.00 \$75.00 \$50.00 \$100.00 \$125.00
TOTAL AMOUNT DUE:		
		ł
FOR OFFICE USE ONLY:		
DATE PAID		
CHECK #:		
LICENSE NUMBER ISSUED:		
DATE LICENSE ISSUED:		
EXPIRATION DATE OF LICENSE		
A	Health Inspection Must Be Done Before License	e Can Be Issued

Please contact Bloomfield Health Department at 973-680-4024