

# LINDEN BOARD OF HEALTH

605 South Wood Avenue, Linden, New Jersey 07036(908) 474-8409Fax: (908) 474-1836

[health@linden-nj.org](mailto:health@linden-nj.org)

## APPLICATION

### RETAIL FOOD ESTABLISHMENTS

(Valid February 1, 20 \_\_\_\_ thru January 31, 20 \_\_\_\_)

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#### ESTABLISHMENT LOCATION INFORMATION

(New Licenses)Plan review application approved by \_\_\_\_\_ Date \_\_\_\_\_

Please select one:  Application for NEW Licenses (Fee determined after Plan Review)

Application for RENEWAL of Existing License

Name of Establishment:	Establishment Phone#: _____
Address of Establishment:	Fax #: _____

Type of Food Establishment (Describe): \_\_\_\_\_

TAKE OUT ONLY: YES / NO    DINE IN: YES / NO    # of Seats \_\_\_\_\_    Total Sq. Footage \_\_\_\_\_

(Circle One)

(Circle One)

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#### OWNER INFORMATION

Name of Owner(s): \_\_\_\_\_

(If owner is a Corporation of LLC, list officers & addresses on back of application)

Address of owner:	Home Phone# _____
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#### FEE SCHEDULE

(Fee determined by Plan Review)

<input type="radio"/> \$50.00	Pre-packaged: Absolutely No Food Contact Or Snack Foods as a convenience	<input type="radio"/> \$100.00	Food Preparation: Seating 26-100 people Or Food Establishment <20,000 sq.ft.
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G \$50.00	Limited Food Preparation No Seating, No Cooking	G \$150.00	Food Preparation: Seating >100 people Or Food Establishment >20,000 sq.ft.
G \$50.00	Tavern No Food Preparation	G \$200.00	Supermarkets and Wholesale Clubs
G \$75.00	Food Preparation: Takeout Or Seating <25 people Or School/Private Cafeteria	G \$ 25.00	<b>LATE FEE \$25.00</b> <b>(After January 31<sup>st</sup>)</b>

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

-----For Health Department Use Only -----

License # \_\_\_\_\_

Date: \_\_\_\_\_

Health Officer: \_\_\_\_\_

\_\_\_\_\_