



DENVILLE DIVISION OF HEALTH
 1 St. Mary's Place
 Denville, NJ 07834
 (973) 625-8300, Ext. 261

**FOOD
 ESTABLISHMENT
 LICENSE
 APPLICATION**

Please fill out **both sides** of the application completely. Incomplete and illegible applications will be returned to the sender and may result in processing delays.

Establishment Name: _____

Physical Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone #: _____ **Owner's Name:** _____

Manager's Name: _____ **Emergency Phone #:** _____

Email Address: _____ **Fax #:** _____

Food Manager Certification (Name of Individual & Course Date): _____

Hours of Operation: _____ **# of Grease Traps (if zero please indicate):** _____

Mailing Address (#/Street): _____ **City:** _____

State: _____ **Zip:** _____ **Square Footage:** _____

Corporation, LLC or Partnership Name: _____

(Alternate Address or Emergency Contact/Fill in Address Below)

Street Address: _____ **City:** _____

State: _____ **Zip:** _____ **Corporate Phone:** _____

Water Supply (Circle One): Public Well **Sewer System (Circle One):** Public Septic

Mobile Vendor's only: License Plate # & State: _____

Commissary Name: _____

Commissary Address: _____

(TURN OVER)

FOR HEALTH DEPARTMENT USE ONLY	
Approved By: _____	Date Approved: _____
License #: _____	Date Issued: _____



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Type of Food Establishment:

- Risk Type 1 \$100
 - Risk Type 2 \$200
 - Risk Type 3 \$300
 - Risk Type 4 \$300
 - Risk Type 3/4 \$400
 - Over 10,000 sq. ft. \$150 surcharge
 - Mobile Food \$150
 - Vending Machine \$20 per machine (non-potentially hazardous) \$50 per machine (potentially hazardous)
- Number of vending machines: _____ Location of machines (attach additional sheets if necessary):

The applicant hereby agrees to operate the food establishment described above in compliance with all applicable State and local laws and regulations.

Signature: _____

Print Name: _____

Title: _____ Date: _____

INSTRUCTIONS:

All food establishments must submit a valid copy of their food protection manager certificate with their license application (e.g. ServSafe). Mobile Food Vendors must include a copy of the Satisfactory posting from their commissary.

Make all checks payable to the **Denville Division of Health**. Submit the completed license application, the required license fee and a copy of the food protection manager certification and commissary placard (mobile vendors) to:

Denville Division of Health
 1 St. Mary's Place
 Denville, NJ 07834

All renewals are due by December 31st of the prior licensing year to avoid legal action. If you have any questions, contact the Denville Division of Health at (973)-625-8300, extension 261 between 8 AM and 4 PM Monday through Friday.