



BOARD OF HEALTH

15 Park Avenue, Maywood, NJ 07607

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Please complete this form and return with the applicable permit fee to the above address. Make checks payable to "Borough of Maywood".

APPLICATION

Date: _____ Check One: New Application: _____ Renewal: _____

Trade or Store Name: _____

Address of Establishment: _____

Establishment Telephone #: _____

Email Address (print clearly): _____

Owner's Name: _____

Home Street: _____

Home City/State/Zip Code: _____

How many employees? Full Time _____ Part Time: _____ Seating Capacity: _____

If new establishments or renovation is planned, submit floor plan with proposed layout of equipment for approval by the Board of Health.

No business may be carried on until approval is given by the Board of Health.

In consideration of the issuance of this license, the applicant agrees to comply at all times with the Board of Health code and/or amendments there to and any all other codes promulgated.

THIS LICENSE IS NOT TRANSFERABLE.

Signature: _____

----- DO NOT FILL BELOW -----

For Health Department Use:

Application Approved: _____ Disapproved: _____ Date: _____

Type of License: _____

License #: _____ Fee Paid: \$ _____ Check #: _____

Signature: _____

See Back

Check Applicable Category	Check Applicable Amount	Check Applicable Category	Check Applicable Amount
Food Establishment <input type="checkbox"/> Bakery <input type="checkbox"/> Meat Market <input type="checkbox"/> Poultry Market <input type="checkbox"/> Fish Market <input type="checkbox"/> Fruit Market <input type="checkbox"/> Vegetable Market <input type="checkbox"/> Delicatessen <input type="checkbox"/> Grocery Store <input type="checkbox"/> Public Food Market (or similar places in which food or drink is prepared, served, handled, sold or provided for the public.) Except for those establishments which are enumerated under category of EATING ESTABLISHMENT	Each establishment with: <input type="checkbox"/> \$100.00 (less than 5 employees) <input type="checkbox"/> \$125.00 (5-10 employees) <input type="checkbox"/> \$150.00 (11-20 employees) <input type="checkbox"/> \$250.00 (21 or more employees) Please note: 2 part time employees = 1 full time employee	Food Caterer <input type="checkbox"/> Mobile <input type="checkbox"/> Box Lunch <input type="checkbox"/> Premises	<input type="checkbox"/> \$75.00 <input type="checkbox"/> \$75.00 <input type="checkbox"/> \$100.00
		Packaged Foods, Liquors, Sweets, Candies & Gum <input type="checkbox"/> Any Premises Selling & Distributing	<input type="checkbox"/> \$75.00 for each premises or establishments
		Milk & Dairy Products <input type="checkbox"/> Sales & Distribution of <input type="checkbox"/> Vehicle	<input type="checkbox"/> \$15.00 sales distribution of <input type="checkbox"/> \$30.00 per vehicle
		Drug Stores <input type="checkbox"/> Drug Stores	<input type="checkbox"/> \$55.00
		Bakery Trucks <input type="checkbox"/> Number of Trucks:____	<input type="checkbox"/> \$40.00 for each vehicle
		Vending Machines <input type="checkbox"/> Number of Machines:____	<input type="checkbox"/> \$45.00 for each machine
Eating Establishment <input type="checkbox"/> Restaurant <input type="checkbox"/> Coffee Shop <input type="checkbox"/> Cafeteria <input type="checkbox"/> Short Order Café <input type="checkbox"/> Diner <input type="checkbox"/> Luncheonette <input type="checkbox"/> Grill <input type="checkbox"/> Tea Room <input type="checkbox"/> Sandwich Shop <input type="checkbox"/> Soda Fountain <input type="checkbox"/> Tavern <input type="checkbox"/> Bar <input type="checkbox"/> Cocktail Lounge <input type="checkbox"/> Night Club <input type="checkbox"/> Industrial Feeding Establishment (private, public or non-profit organization or institution serving food; catering kitchen; or commissary.)	Each establishment with a seating capacity of: <input type="checkbox"/> \$150.00 (1-50 persons) <input type="checkbox"/> \$250.00 (51-100 persons) <input type="checkbox"/> \$300.00 (101-200 persons) <input type="checkbox"/> \$375.00 (more than 200 persons)	Keeping of Small Animals <input type="checkbox"/> Grooming Store <input type="checkbox"/> Pet Store <input type="checkbox"/> Veterinary Office	<input type="checkbox"/> \$40.00 for each premises or establishments
		Health Clubs <input type="checkbox"/> Nail Salon <input type="checkbox"/> Tanning Salons <input type="checkbox"/> Public Bathing Facility	<input type="checkbox"/> \$45.00 <input type="checkbox"/> \$45.00 <input type="checkbox"/> \$100.00
		Schools (Private) <input type="checkbox"/> Total Enrollment:____	<input type="checkbox"/> 50¢ per student
		Cleaners & Laundries <input type="checkbox"/> Cleaners <input type="checkbox"/> Laundries	<input type="checkbox"/> \$75.00 for each premises or establishments