

**PALISADES PARK HEALTH DEPARTMENT**

275 BROAD AVENUE

PALISADES PARK, NJ 07650

TEL: (201) 585-4105 FAX: (201) 944-6748

**LICENSE APPLICATION: January 1, 2025 - December 31, 2025**

**NOTE: Late Fees on or after February 1<sup>st</sup> (ALL ESTABLISHMENTS) DOUBLE**

**SECTION 1:**

Legal Establishment/Corporation Name: \_\_\_\_\_  
Corporations: List principals' (corporate offices and principal agent)

Business Trade Name: \_\_\_\_\_

Pest Control Company Name/DEP License #: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Establishment Telephone #: \_\_\_\_\_ FAX# \_\_\_\_\_ E-Mail \_\_\_\_\_

**SECTION 2:**

Owner's Name: \_\_\_\_\_ Owner's Telephone#: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

**SECTION 3:**

Please print the name(s) of the person(s) in the establishment who will be responsible for maintaining food safety for this Risk Level 3 food establishment. The NJ Sanitary Code requires there be at least one employee on the premises that possesses a **CERTIFIED FOOD MANAGER'S CERTIFICATE**. Please attach a copy of all current Food Manager Certificates. Mail a **CERTIFIED BANK CHECK OR MONEY ORDER** payable to the **PALISADES PARK BOARD OF HEALTH** for the total amount of your license fee.

\_\_\_\_\_  
PRINT NAME OF CERTIFIED MANAGER(S) MONTH/YEAR OF LAST TRAINING

\_\_\_\_\_  
PRINT NAME OF CERTIFIED MANAGER(S) MONTH/YEAR OF LAST TRAINING

**SECTION 4:**

Classification: (Please check one) **Make checks payable to: Palisades Park Health Department**

- A. Food establishment: Restaurants (Cooking, cooling, re-heating = Certified)**
- 1. Seating Capacity – 1 to 25 ..... Fee \$250.00
  - 2. Seating Capacity – 26 to 49 ..... Fee \$325.00
  - 3. Seating Capacity – 50 to 100..... Fee \$400.00
  - 4. Seating Capacity-101-200..... Fee \$500.00
  - 5. Seating Capacity-Over 200..... Fee \$700.00

- B. Food establishment: Pre-packaged Foods, Bakery, Deli, Catering, etc. (No seating but may be CFM)**
- 1. Less than 5 employees..... Fee \$250.00
  - 5– 10 employees ..... Fee \$325.00
  - 11-20 employees ..... Fee \$400.00
  - 21-30 employees ..... Fee \$500.00
  - 31-40 employees..... Fee \$600.00
  - 41-100 employees..... Fee \$700.00

- C. Supermarkets and Food Warehouses**
- 1. Up to 5,000 square feet..... Fee \$600.00
  - 2. 5,001-12,499 square feet..... Fee \$850.00
  - 3. Maximum fee (over 12,500 square feet)..... Fee \$1,400.00

**D. Milk, Dairy, and Deliveries**

- 1. Operators License.....Fee \$200.00
- 2. Each vehicle of conveyance.....Fee \$200.00

**E. Vending Machines**

- 1. Operators license.....Fee \$175.00
- 2. Each machine.....Fee \$ 25.00
- 3. Total number of machines: \_\_\_\_\_
- 4. Location of Machines: \_\_\_\_\_

**F. Dry Cleaning and Laundry Machines (coin operated only)**

- 1. Establishment license.....Fee \$275.00
- 2. Each coin operated machine.....Fee \$ 25.00
- 3. Number of washing machines: \_\_\_\_\_ Number of dryers: \_\_\_\_\_
- 4. Total number of machines: \_\_\_\_\_

**G. Nursery School or Day Nursery** .....Fee \$200.00

**H. Motel/Hotel Permit**.....Fee \$700.00

**I. Pet shops, kennels, shelters, pounds,** .....Fee \$375.00   
 Animal Hospital .....Fee \$300.00

**J. Septic Tank Construction** ..... Fee \$600.00

**K. Cleaning of Septic Tank**.....Fee \$250.00

**L. Portable or Chemical Toilet**..... Fee \$ 75.00

**M.. Public Bathing Facilities (condominiums, spas, etc.)**..... Fee \$400.00

1. Municipal pools..... Fee exempt   
 Name, certificate # of certified pool operator: \_\_\_\_\_

**N. Temporary Food Vendors (carnival, fair, circus, public exhibition etc.)**

- 1-3 day event ..... Fee \$150.00
- 4-10 day event ..... Fee \$300.00

**O. Non-Profit Organizations (religious, charitable, educational, etc. with kitchens)**

- 1. Submit 501c3 non-profit documentation.....Fee Exempt

**Signature of Applicant:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR HEALTH DEPARTMENT USE ONLY**-----

Date Received: \_\_\_\_/\_\_\_\_/20\_\_\_\_ License Number: \_\_\_\_\_ Approved By: \_\_\_\_\_

Date Issued: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Cash/Check #: \_\_\_\_\_ Risk Classification: \_\_\_\_\_