

OAKLAND BOARD OF HEALTH

One Municipal Plaza, Oakland, NJ 07436

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HEALTH LICENSE APPLICATION – FOOD

Food License Application for January 1 through December 31 of the year _____

ESTABLISHMENT'S TRADE NAME: _____

ESTABLISHMENT'S ADDRESS: _____

ESTABLISHMENT'S PHONE #: _____ ESTABLISHMENT'S FAX # _____

Owner's Name _____ Owner's Cell Phone # _____

Owner's Mailing Address _____ Owner's e-mail _____

Manager's Name _____ Cell Phone # _____

Manager's Mailing Address _____ Manager's e-mail _____

If Establishment is a Corporation/Partnership, include names & addresses of Officers/Partners on separate sheet of paper with application.

1. _____ Market/Supermarket - \$900

2. _____ Restaurant/Industrial Cafeteria/Banquet Facility

_____ Up to 50 Seats- \$250

_____ 51 – 100 Seats- \$325

_____ 101+ Seats- \$500

3. _____ Health Care Facility

_____ Up to 100 Beds - \$150

_____ 101 – 200 Beds - \$300

_____ 201+ Beds- \$500

4. _____ Bakery, Deli, Take-Out/Snack Bar, Conv. Store (all with food prep/grill), Caterer - \$250

5. _____ Bakery, Deli, Take-Out/Snack Bar, Conv. Store (all w/o food prep/grill), Rooming/Boarding Home - \$200

6. _____ School, Mobile Vendor, Frozen Food Mobile Vendor- \$150

7. _____ Packaged Food/Beverage Sales, Seasonal Snack Bar - \$100

8. _____ Churches, Fraternal Organizations, Borough-Affiliated Organizations – N/C

9. _____ TEMPORARY 30-Day License - \$250

Issued to establishments not in compliance at time of license renewal and is required in addition to Annual license.

NOTE: Temporary 30-Day License will be issued for a period of two months. IF COMPLIANCE IS NOT MET BY MARCH 1ST OF LICENSING YEAR, THE ESTABLISHMENT WILL BE CLOSED. The owner or manager in charge of the establishment must appear at the next Board of Health meeting to provide just cause as to why establishment should be allowed to re-open.

Also issued to food establishments in violation of Chapter. Any retail food establishment found to be in violation of Chapter 24 of the New Jersey Administrative Code or any Board of Health ordinance of the Borough of Oakland may, at the Board of Health's discretion, be issued a Temporary 30-Day License to operate. Renewal of said license may also be renewed at the Board of Health's discretion.

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10. _____ **TEMPORARY 90-Day License - \$150**

Issued to new food establishments that do not meet Food Course requirements at time of opening.

NOTE: If Food Courses are available and course requirements have not met within the 90-day period, owner must appear at the next Board of Health meeting to provide just cause as to why establishment should be allowed to remain open.

11. _____ **FOOD AND BEVERAGE VENDING MACHINE LICENSE**

*NOTE: Gumball & Gumball-Style Machines - \$25.00 per coin slot
All Other Types of Machines - \$50.00 each*

Type of Machine

Location of Machine (Company Name & Full Street Address)

_____	_____
_____	_____
_____	_____

(Use other side to list additional machines)

NOTE: LATE FEES FOR FOOD AND BEVERAGE VENDING MACHINES are assessed for each 30-day period or portion thereof following January 31st. Fees: \$5 per coin slot for gumball and gumball-style machines and \$10 per machine for all other vending machines.

COMPLETE RENEWAL APPLICATION PACKET MUST BE STAMPED DECEMBER 31 OR BEFORE OR MUST BE SUBMITTED IN-PERSON BEFORE DECEMBER 31 TO THE HEALTH DEPARTMENT, including completed application form and fee. You must also include food manager and food handler certifications, if applicable to your establishment or your application cannot be processed.

Please read above for penalties for non-compliance of application deadline. Deadline of December 31 will be enforced, without exceptions. Incomplete application packets will not be stamped received, and will be tacked to the bulletin board in the vestibule for you to pick up re-submit when complete. December 31st deadline will still apply.

By signing below, the owner or manager signifies agreement to abide by all state and local ordinances adopted in connection with the license being issued.

Owner/Manager: _____ / _____ Date _____
(Signature) (Please Print Name)

Inspector's Signature _____ Date _____

Cash or checks payable to "Borough of Oakland" are accepted.