

PALISADES PARK HEALTH DEPARTMENT

275 BROAD AVENUE

PALISADES PARKN, NJ 07650

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

LICENSE APPLICATION: January 1, 2026 - December 31, 2026

NOTE: Late Fees on or after February 1st (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 NurseryFee \$200.00

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

I. Pet shops, kennels, shelters, pounds,Fee \$375.00
 Animal HospitalFee \$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: _____