



Kearny Health Department
 645 Kearny Avenue
 Kearny, New Jersey 07032
 (201) 997-0600, Fax (201) 997-9703
 Website: <http://www.kearnynj.org>
 Kenneth Pincus
 Director/Health Officer

LICENSE APPLICATION

I hereby make application for the following license:

- | | |
|--|--|
| <input type="checkbox"/> Annual Retail Food License - \$100.00 <i>or</i> \$200.00* | <input type="checkbox"/> Pool License - \$200.00 |
| <input type="checkbox"/> Temporary Food Vendor- \$20.00** | <input type="checkbox"/> Non-profit food establishments -\$20.00 |
| <input type="checkbox"/> Food Vending Machine License - \$25.00 | <input type="checkbox"/> Pet Shop- \$50.00 |
| <input type="checkbox"/> Mobile Food Vehicle License- \$250.00 | |

*\$100 – for annual retail food establishments under 5,000 sq. feet *-or-* \$200.00 – for annual retail food establishments 5,000 sq. feet or more.

**A temporary food vendor application must be received no later than 5 (five) business days prior to the event (see page 2).

Business Owner:

Please be advised that all licenses EXPIRE annually on May 31st.

It is the responsibility of each business owner to be aware of the license requirements and follow up accordingly. **All licenses must be renewed prior to June 31st of the applicable licensing year.**

Trade Name & Trade Address: _____

Establishment info: Telephone # _____ **Fax #** _____

E-mail Address (REQUIRED): _____

Owner(s) Name & Address: _____

Owner information: Telephone # (Home) _____ **(Cell)** _____
Fax # _____

It is understood that such license is non-transferable, non-refundable and is granted for the period designated on the license. Furthermore, the license may be revoked upon violation of any pertinent requirements of the Board of Health and/or the laws of the State of New Jersey. I attest that that all of the information furnished in this application is true.

APPLICANT SIGNATURE: _____ Date: _____

APPLICANT PRINTED NAME: _____

OFFICE USE ONLY				
Signature of Inspector/Reviewed and Approved by: _____				
Fee: _____	Late fee: _____	Cash/Check # _____	License # _____	Date issued: _____
Comments: _____				

VITAL INFORMATION SURVEY

Name(s) and of person(s) who attended Food Handlers Training Course & date of certification: (current food handler certification). Please include a copy. _____

Name, Address & Telephone # of the following service providers (If applicable):

Exterminator: _____

Cooking Oil Waste Hauler: _____

Solid Waste (garbage) Contractor: _____

If applicable, ventilation hood cleaning contractor: _____

***This Department must be notified of any change of application, exterminator, ownership, plans for renovation or any flood, fire or power outage.

***Reminder to all stores selling tobacco: Sale to anyone under the age of 19 years of age, is strictly prohibited and will be enforced. You may receive a summons and fine for selling tobacco to anyone under 19 years old.

TEMPORARY/MOBILE FOOD VENDOR INFORMATION

(If applicable)

Event location(s): _____ Event Date(s): _____ Vehicle license plate # _____

Complete food and/or beverage list (please include a sketch of the stand floor plan):

Location where food is stored: _____ Location where food is purchased: _____

How many trucks/stands will you be operating? _____ Where is the truck cleaned? _____

Foods will be prepared (check one): On Site ___ ~~-or-~~ Commercial location (specify) _____

I will keep hot foods above 135 degrees F by the following method: _____

I will keep cold foods frozen or below 41 degrees F by the following method: _____

The following regulations will be strictly enforced: *Failure to adhere to them will result in rejection of your license and court summons:*

1. All Regulations of Chapter 24 N.J. State Sanitary Code will be complied with.
2. No truck will be permitted to operate from a stationary location or a congested area. **YOU MUST SELL AND MOVE ON!**
3. No truck shall operate within 200 feet of an existing store selling the same or similar products.
4. All vendors who park on private property must obtain written permission of the owner and file a copy with the **KEARNY HEALTH DEPARTMENT**.
5. Must comply with any other State of Local Ordinances pertaining to your business.