

CARLSTADT BOARD OF HEALTH
500 Madison Street
Carlstadt, NJ 07072-0466
201-939-2856

RESTAURANT APPLICATION

Date: _____ New Application _____ Renewal _____

Owner of Establishment: _____

Trade or Store Name: _____

Address of Establishment to be licensed: _____

Telephone # of Establishment: _____

Billing Address: _____

Telephone #: _____

Type of Establishment: _____

Names of Employees with Food Handler's Certificate: _____

*****Please attach a copy of food handler's certificate*****

How many people does your establishment accommodate? _____

Name of Waste Hauler: _____ Phone # _____

Name of Fat & Oil Hauler: _____ Phone # _____

If this is a new establishment or if a renovation is planned, please submit a floor plan with the proposed layout of equipment for approval by The Carlstadt Board of Health.

No business may be carried on until the Board of Health gives approval. Licensing fees will not be accepted until the Registered Environmental Health Specialist has inspected the establishment.

IN CONSIDERATION OF THE ISSUANCE OF THIS LICENSE, THE APPLICANT AGREES TO COMPLY AT ALL TIMES WITH THE HEALTH DEPARTMENT CODE AND I OR AMENDMENTS THERETO AND ANY OR ALL OTHER CODES PROMULGATED. IT IS FURTHER AGREED THAT I, OR WE, WILL SURRENDER THIS LICENSE, IF GRANTED TO THE DEPARTMENT OF HEALTH OF CARLSTADT ON DEMAND.

(Signature of Owner/Manager)

**DO NOT FILL IN THIS SECTION
FOR HEALTH DEPARTMENT USE ONLY:**

Date Paid: _____ Check #: _____ Milk License #: _____ Fee Paid: \$5.00
Date Paid: _____ Check #: _____ Food License #: _____ Fee Paid: _____