



BOROUGH OF CHESTER HEALTH DEPARTMENT

50 North Rd.
Chester, NJ 07930
Telephone: 908-879-3660 Ext. 2128
Fax: 908-879-0122

APPLICATION FOR FOOD ESTABLISHMENT LICENSE

Type of Establishment (check one):

- | | | |
|---|--|--|
| <input type="checkbox"/> BAKERY | <input type="checkbox"/> COFFEE SHOP | <input type="checkbox"/> RESTAURANT |
| <input type="checkbox"/> BUTCHER | <input type="checkbox"/> CHURCH KITCHEN | <input type="checkbox"/> SUPERMARKET |
| <input type="checkbox"/> CAFETERIA-SCHOOL | <input type="checkbox"/> DELICATESSEN | <input type="checkbox"/> TAVERN |
| <input type="checkbox"/> GROCERY STORE | <input type="checkbox"/> PREP ESTABLISHMENT | <input type="checkbox"/> MOBILE VENDOR |
| | <input type="checkbox"/> OTHER-SPECIFY _____ | |

Name of Establishment: _____

Address of Establishment: _____

Name(s) of Owner(s): _____

Address of Principal Owner (s): _____

Phone Number: _____ Email Address: _____

Seating Capacity: _____ Number of Employees: _____

| <u>ESTABLISHMENT FEE SCHEDULE</u> | | | |
|--|-----------|-----------------------------|----------|
| Supermarkets (with not more than 15 seats) ----- | \$300.00 | Mobile Vending/Cart ----- | \$100.00 |
| (with more than 15 seats) ----- | \$400.00 | Volunteer Firemen | |
| Store (without seats) ----- | \$ 175.00 | For Events ----- | \$35.00 |
| Store selling only wrapped goods ----- | \$ 50.00 | Per Annum ----- | \$100.00 |
| Restaurants/Cafeterias/Hotels with seats | | Church Having Kitchen ----- | \$15.00 |
| Seats 1-25 Persons ----- | \$175.00 | Roadside Stand ----- | \$135.00 |
| Seats 26-75 Persons ----- | \$270.00 | | |
| Seats Over 75 Persons ----- | \$400.00 | | |

Payment must be received by January 31st of the licensing year. Failure to comply is a violation. The penalty is a 50% surcharge of the license fee. Those who have not complied by March 31st of the licensing year, the surcharge is equivalent to the licensing fee or \$100%.

In making this application, I hereby agree to conduct the operation of the food establishment in conformance with the provision of Chapter 24 of the New Jersey Sanitary Code and Chapter 244-S the Code of the Borough of Chester.

Signature of Applicant

Please Print Name & Title

| | |
|-----------------------------------|-------|
| <u>FOR OFFICE USE ONLY</u> | |
| Date Issued: | _____ |
| Date Expired: | _____ |
| Fee: | _____ |
| License #: | _____ |