

Kinnelon Health Department Universal License Application

Establishment T/A: _____

Establishment Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Fax #: _____ e-mail: _____

Owner: _____

Address: _____ Telephone #: _____

City: _____ State: _____ Zip Code: _____

Please mark (x) the appropriate license class which applies and submit fee. **Checks must be made payable to:**

Pequannock Township (or they will be returned.) Mail: 530 Turnpike, Pompton Plains, N.J. 07444

Retail Food Establishments

- ☐ Risk 1 \$100.00
- ☐ Risk 2 \$200.00
- ☐ Risk 3 \$400.00
- ☐ Risk 4 \$400.00
- ☐ Mobile Food \$100.00
- ☐ Non-Profit \$ 0.00
- ☐ Vending (Attach List of Locations)

- ☐ Farmers Market \$50.00
(Letter from Organizer Required)

- ☐ Temporary \$50.00
(7 Day) Dates: _____

Time(s): _____

Name of Event: _____

Location: _____

More space on back of form

Vending Type	Number	Fee	Total Fee
Pre-Packaged			
Gumball			
All Others			

Body Art Initial License

- ☐ Tattooing \$200.00
- ☐ Permanent Cosmetics \$200.00
- ☐ Body Piercing \$100.00

Body Art Annual Renewal

- ☐ Tattoo \$100.00
- ☐ Permanent Cosmetic \$100.00
- ☐ Body Piercing \$ 50.00

Recreational Bathing License

- ☐ Bathing Beach \$400.00
- ☐ Hot Tub/Spa \$ 50.00
- ☐ Swimming Pool \$ 75.00
- ☐ Wading Pool \$ 50.00

Kennel/Pet Shop License

- ☐ Pet Shop \$ 10.00
- ☐ Kennel <11 Dogs \$ 10.00
- ☐ Kennel >10 Dogs \$ 25.00

All licenses expire on December 31st of the year in which they are issued and are not transferable. This license may be revoked by action of the Board of Health for failure to comply with applicable State and Local Standards.

Signature of Owner/Agent _____

Date: _____

Office Use Only:

Date:

License #

Fee Paid

☐ Check #

☐ Cash

Up to 7 Temporary Events may be attended with 1 license.
All events must be listed at time of licensing.

Name of Event: _____

Location: _____

Date: _____

Time: _____

Name of Event: _____

Location: _____

Date: _____

Time: _____

Name of Event: _____

Location: _____

Date of: _____

Time: _____

Name of Event: _____

Location: _____

Date: _____

Time: _____

Name of Event: _____

Location: _____

Date: _____

Time: _____

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