Riverdale 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**		☐	**Risk 3**	
	☐ <6,000 sq. ft.	$100.00		☐ <6,000 sq. ft.	$100.00
	☐ ≥6,000-50,000 sq. ft.	$200.00		☐ ≥6,000-50,000 sq. ft.	$200.00
	☐ ≥50,000 sq. ft.	$400.00		☐ ≥50,000 sq. ft.	$400.00
☐	**Risk 2**		☐	**Risk 4**	
	☐ <6,000 sq. ft.	$100.00		☐ <6,000 sq. ft.	$100.00
	☐ ≥6,000-50,000 sq. ft.	$200.00		☐ ≥6,000-50,000 sq. ft.	$200.00
	☐ ≥50,000 sq. ft.	$400.00		☐ ≥50,000 sq. ft.	$400.00

☐ Nonprofit $ 0.00

☐ Mobil Food $150.00

☐ Vending (see chart below)

Recreational Bathing License

☐	Bathing Beach	$400.00
☐	Hot Tub/Spa	$ 50.00
☐	Swimming Pool	$ 275.00
☐	Wading Pool	$ 50.00

Kennel/Pet Shop License

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

Body Art Annual Renewal

☐	Tattoo	$100.00
☐	Permanent Cosmetics	$100.00
☐	Body Piercing	$ 50.00

Vending Type	Number	Fee	Total Fee
Prepackaged		$20.00	
Gum Ball		$ 5.00	
All Others		$40.00	
Location of Vending Machine(s)			

☐ **Temporary** $ 50.00

(≤21 days) Dates:_____

Time:_____

Name of Event:_____

More space on back of form

All licenses expire on December 31st of the year in which it is issued and is 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 21 Days of Events May Be Attended With 1 License.

All events must be listed at time of licensing.

Name of Event:_____
Location:_____
Date:_____
Time:_____

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Location:_____
Date:_____
Time:_____

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Location:_____
Date of:_____
Time:_____

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