Boonton 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: _____

Questions: phone - 973-835-5700 ext. 197 e-mail - tzachok@pequannocktwp.org

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

☐ No Seating Area	$ 100.00
☐ 1 to 24 Seats and/or under 1,000 Square feet	$ 100.00
☐ 25 to 74 Seats and/or 1,001 - 5,000 Square feet	$ 200.00
☐ 75 to 99 Seats and/or 5,001 - 10,000 Square feet	$ 250.00
☐ 100 seats and over and/or over 10,001 Square feet	$ 350.00
☐ Side Walk Café (one–time fee; in addition to food license fee)	$ 25.00
☐ Supermarket	$ 225.00
☐ Mobil / Itinerant	$ 100.00
☐ Wholesale Food Distributor	$ 150.00
☐ Prepackage	$ 100.00
☐ Temporary (Max 7 Days) *Please list name of event, times & locations on back*	$ 65.00
☐ Institution	$ 75.00
☐ Farmers Market	$ 100.00
☐ Non-Profit	$ 0.00

☐ Vending

Vending Type	Number	Fee	Total Fee
Beverage		$ 25.00	
Food		$ 25.00	
Gum Ball		$ 5.00	
Location			

Regulatory

☐ Swimming Pool	$ 0.00
☐ Massage	$250.00
☐ Tanning Facilities	$ 75.00
No. of beds____	$ 10.00 each

Body Art Initial License and Annual Renewal

☐ Tattooing	$ 150.00
☐ Permanent Cosmetics	
☐ Body Piercing	

Kennel/Pet Shop License

☐ Pet Shop	$ 25.00
☐ Kennel <11 Dogs	$ 25.00
☐ Kennel >10 Dogs	$ 50.00

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 7 Temporary 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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Date:_____
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Time:_____

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