

## *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

<p><b><i>Retail Food Establishments</i></b></p> <p><input type="checkbox"/> Risk 1                      \$100.00</p> <p><input type="checkbox"/> Risk 2                      \$200.00</p> <p><input type="checkbox"/> Risk 3                      \$400.00</p> <p><input type="checkbox"/> Risk 4                      \$400.00</p> <p><input type="checkbox"/> Mobile Food                \$100.00</p> <p><input type="checkbox"/> Non-Profit                 \$ 0.00</p> <p><input type="checkbox"/> Temporary                 \$ 50.00</p> <p>(7 day) Dates: _____</p> <p>Time: _____</p> <p>Name of event: _____</p>	<p><input type="checkbox"/> Vending</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Vending Type</th> <th style="text-align: center;">Number</th> <th style="text-align: center;">Fee</th> <th style="text-align: center;">Total Fee</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Prepackaged</td> <td style="text-align: center;"> </td> <td style="text-align: center;">\$20.00</td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">Gum Ball</td> <td style="text-align: center;"> </td> <td style="text-align: center;">\$ 5.00</td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">All Others</td> <td style="text-align: center;"> </td> <td style="text-align: center;">\$40.00</td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">Location of Vending Machine(s)</td> <td colspan="3" style="text-align: center;"> </td> </tr> </tbody> </table>	Vending Type	Number	Fee	Total Fee	Prepackaged		\$20.00		Gum Ball		\$ 5.00		All Others		\$40.00		Location of Vending Machine(s)			
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<b><i>Body Art Initial License</i></b>	
<input type="checkbox"/> Tattooing	\$200.00
<input type="checkbox"/> Permanent Cosmetic	\$200.00
<input type="checkbox"/> Body Piercing	\$100.00
<b><i>Body Art Annual Renewal</i></b>	
<input type="checkbox"/> Tattoo	\$100.00
<input type="checkbox"/> Permanent Cosmetic	\$100.00
<input type="checkbox"/> Body Piercing	\$ 50.00

<b><i>Recreational Bathing License</i></b>	
<input type="checkbox"/> Bathing Beach	\$400.00
<input type="checkbox"/> Hot Tub/Spa	\$ 50.00
<input type="checkbox"/> Swimming Pool	\$ 75.00
<input type="checkbox"/> Wading Pool	\$ 50.00

<b><i>Kennel/Pet Shop License</i></b>	
<input type="checkbox"/> Pet Shop	\$ 10.00
<input type="checkbox"/> Kennel <11 Dogs	\$ 10.00
<input type="checkbox"/> Kennel >10 Dogs	\$ 25.00

<b>All licenses expire on December 31<sup>st</sup> 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.</b>									
<p>_____ Signature of Owner/Agent</p> <p>Date: _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>Office Use Only:</b></td> </tr> <tr> <td>Date:</td> <td> </td> </tr> <tr> <td>License #</td> <td style="text-align: right;"><input type="checkbox"/> Check #</td> </tr> <tr> <td>Fee Paid</td> <td style="text-align: right;"><input type="checkbox"/> Cash</td> </tr> </table>	<b>Office Use Only:</b>		Date:		License #	<input type="checkbox"/> Check #	Fee Paid	<input type="checkbox"/> Cash
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