

## *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

<p><b><i>Retail Food Establishments</i></b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> <b>Risk 1</b>  <input type="checkbox"/> &lt;6,000 sq. ft.      \$100.00  <input type="checkbox"/> ≥6,000-50,000 sq. ft.      \$200.00  <input type="checkbox"/> ≥50,000 sq. ft.      \$400.00  <input type="checkbox"/> <b>Risk 2</b>  <input type="checkbox"/> &lt;6,000 sq. ft.      \$100.00  <input type="checkbox"/> ≥6,000-50,000 sq. ft.      \$200.00  <input type="checkbox"/> ≥50,000 sq. ft.      \$400.00                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> <b>Risk 3</b>  <input type="checkbox"/> &lt;6,000 sq. ft.      \$100.00  <input type="checkbox"/> ≥6,000-50,000 sq. ft.      \$200.00  <input type="checkbox"/> ≥50,000 sq. ft.      \$400.00  <input type="checkbox"/> <b>Risk 4</b>  <input type="checkbox"/> &lt;6,000 sq. ft.      \$100.00  <input type="checkbox"/> ≥6,000-50,000 sq. ft.      \$200.00  <input type="checkbox"/> ≥50,000 sq. ft.      \$400.00                 </td> </tr> </table>	<input type="checkbox"/> <b>Risk 1</b> <input type="checkbox"/> <6,000 sq. ft.      \$100.00 <input type="checkbox"/> ≥6,000-50,000 sq. ft.      \$200.00 <input type="checkbox"/> ≥50,000 sq. ft.      \$400.00 <input type="checkbox"/> <b>Risk 2</b> <input type="checkbox"/> <6,000 sq. ft.      \$100.00 <input type="checkbox"/> ≥6,000-50,000 sq. ft.      \$200.00 <input type="checkbox"/> ≥50,000 sq. ft.      \$400.00	<input type="checkbox"/> <b>Risk 3</b> <input type="checkbox"/> <6,000 sq. ft.      \$100.00 <input type="checkbox"/> ≥6,000-50,000 sq. ft.      \$200.00 <input type="checkbox"/> ≥50,000 sq. ft.      \$400.00 <input type="checkbox"/> <b>Risk 4</b> <input type="checkbox"/> <6,000 sq. ft.      \$100.00 <input type="checkbox"/> ≥6,000-50,000 sq. ft.      \$200.00 <input type="checkbox"/> ≥50,000 sq. ft.      \$400.00	<input type="checkbox"/> Nonprofit      \$ 0.00  <input type="checkbox"/> Mobil Food      \$150.00  <input type="checkbox"/> Vending (see chart below)
<input type="checkbox"/> <b>Risk 1</b> <input type="checkbox"/> <6,000 sq. ft.      \$100.00 <input type="checkbox"/> ≥6,000-50,000 sq. ft.      \$200.00 <input type="checkbox"/> ≥50,000 sq. ft.      \$400.00 <input type="checkbox"/> <b>Risk 2</b> <input type="checkbox"/> <6,000 sq. ft.      \$100.00 <input type="checkbox"/> ≥6,000-50,000 sq. ft.      \$200.00 <input type="checkbox"/> ≥50,000 sq. ft.      \$400.00	<input type="checkbox"/> <b>Risk 3</b> <input type="checkbox"/> <6,000 sq. ft.      \$100.00 <input type="checkbox"/> ≥6,000-50,000 sq. ft.      \$200.00 <input type="checkbox"/> ≥50,000 sq. ft.      \$400.00 <input type="checkbox"/> <b>Risk 4</b> <input type="checkbox"/> <6,000 sq. ft.      \$100.00 <input type="checkbox"/> ≥6,000-50,000 sq. ft.      \$200.00 <input type="checkbox"/> ≥50,000 sq. ft.      \$400.00		

***Recreational Bathing License***

<input type="checkbox"/> Bathing Beach	\$400.00
<input type="checkbox"/> Hot Tub/Spa	\$ 50.00
<input type="checkbox"/> Swimming Pool	\$ 275.00
<input type="checkbox"/> Wading Pool	\$ 50.00

***Kenel/Pet Shop License***

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

***Body Art Annual Renewal***

<input type="checkbox"/> Tattoo	\$100.00
<input type="checkbox"/> Permanent Cosmetic	\$100.00
<input type="checkbox"/> 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)			

<input type="checkbox"/> <b>Temporary</b> \$ 50.00
(≤21 days) Dates: _____ Time: _____
Name of Event: _____

**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.**

_____ Signature of Owner/Agent  Date: _____	<b>Office Use Only:</b> Date: _____ License # _____ Fee Paid _____ <table style="float: right; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Check #</td> </tr> <tr> <td><input type="checkbox"/> Cash</td> </tr> </table>	<input type="checkbox"/> Check #	<input type="checkbox"/> Cash
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