



**BOROUGH OF ALLENDALE**  
500 West Crescent Avenue, Allendale, NJ 07401-1792

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BOARD OF HEALTH

(201) 818-4400 Ext. 211  
FAX: (201) 825-1913

Date:

**TO ALL RETAIL FOOD ESTABLISHMENTS:**

Enclosed you will find application for the year \_\_\_\_\_, Retail Food Establishment License.

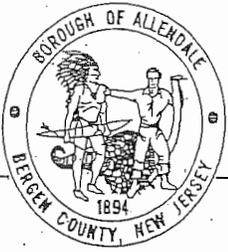
Please file your application/s as soon as possible, preferably by December 31<sup>st</sup>. Ordinance #749; Section 51-9 requires that a late penalty be assessed for applications received more than ten (10) days after the license expires.

Therefore, on application/s received after **January 10<sup>th</sup>**, there shall be a **\$50.00 penalty charged** for license fees of \$100.00 or less, and a **\$100.00 penalty charged** for license fees above \$100.00.

If there are any questions, please contact this office between 9:00 a.m. – 12:00 noon.

Thank You.

Health Inspector  
Borough of Allendale



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BOARD OF HEALTH

(201) 818-4400 Ext. 211  
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APPLICATION FOR A RETAIL FOOD LICENSE

FEE: \_\_\_\_\_

LICENSE NO: \_\_\_\_\_

YEAR: \_\_\_\_\_

DATE: \_\_\_\_\_

Filing of this application does not authorize the applicant to begin operating. The application must first be approved and a license issued. The license, when issued, will expire on December 31<sup>st</sup>, unless it is a temporary. Licenses are not transferable.

The applicant agrees that this establishment will comply with all applicable Local and State Health regulations and will be open to inspection by Local and State Health Department Inspectors.

\_\_\_\_\_  
NAME OF APPLICANT (Owner/Title)

\_\_\_\_\_  
NAME OF ESTABLISHMENT

CHECK ONE:

Individual     Partnership     Corporation     Non-Profit

Business Address: \_\_\_\_\_

Owners Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

PLEASE LIST NAMES OF THOSE WHO HAVE CERTIFICATES OF COMPLETION FOR THE FOOD HANDLERS COURSE AS PER ORDINANCE #771. PLEASE INDICATE 3 HOUR OR 18 HOUR.

Name: \_\_\_\_\_ 3 - Hour or 18 - Hour

Name: \_\_\_\_\_ 3 - Hour or 18 - Hour

Name: \_\_\_\_\_ 3 - Hour or 18 - Hour

Name: \_\_\_\_\_ 3 - Hour or 18 - Hour

Name: \_\_\_\_\_ 3 - Hour or 18 - Hour

\_\_\_\_\_  
SEATING CAPACITY (Including Bar Stools) \_\_\_\_\_