

LINDEN BOARD OF HEALTH

605 South Wood Avenue, Linden, New Jersey 07036(908) 474-8409Fax: (908) 474-1836

health@linden-nj.org

APPLICATION

RETAIL FOOD ESTABLISHMENTS

(Valid February 1, 20 ____ thru January 31, 20 ____)

ESTABLISHMENT LOCATION INFORMATION

(New Licenses)Plan review application approved by _____ Date _____

Please select one: ☐ Application for NEW Licenses (Fee determined after Plan Review)

☐ Application for RENEWAL of Existing License

Name of Establishment:	Establishment Phone#: _____ Fax #: _____
Address of Establishment:	

Type of Food Establishment (Describe):_____

TAKE OUT ONLY: YES / NO DINE IN: YES / NO # of Seats _____ Total Sq. Footage _____

(Circle One)

(Circle One)

OWNER INFORMATION

Name of Owner(s):_____

(If owner is a Corporation or LLC, list officers & addresses on back of application)

Address of owner:	Home Phone# _____
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FEE SCHEDULE

(Fee determined by Plan Review)

G \$50.00	Pre-packaged: Absolutely No Food Contact Or Snack Foods as a convenience	G \$100.00	Food Preparation: Seating 26-100 people Or Food Establishment <20,000 sq.ft.
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G \$50.00	Limited Food Preparation No Seating, No Cooking	G \$150.00	Food Preparation: Seating >100 people Or Food Establishment >20,000 sq.ft.
G \$50.00	Tavern No Food Preparation	G \$200.00	Supermarkets and Wholesale Clubs
G \$75.00	Food Preparation: Takeout Or Seating <25 people Or School/Private Cafeteria	G \$ 25.00	LATE FEE \$25.00 (After January 31 st)

Signature of Applicant

Date

-----For Health Department Use Only -----

License # _____

Date: _____

Health Officer: _____