

# Parsippany - Troy Hills



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HEALTH DEPARTMENT

Carlo DiLizia  
Health Officer

No. \_\_\_\_\_

<b>(Office Use Only)</b>		
FEE FOR THIS ESTABLISHMENT	DATE OF ISSUE	LICENSE NUMBER

## APPLICATION FOR LICENSE TO OPERATE FOOD ESTABLISHMENT

**Read Entire Application BEFORE Signing**

1. Name of Establishment: \_\_\_\_\_
2. Establishment Address: \_\_\_\_\_
3. Establishment Phone # \_\_\_\_\_ Emergency Phone# \_\_\_\_\_ Fax # \_\_\_\_\_
4. Name of Owner: \_\_\_\_\_
5. Owner Address: \_\_\_\_\_
6. Owner Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_
7. If premises are leased/rented, property owner's name & address \_\_\_\_\_  
\_\_\_\_\_
8. Establishment Square Feet (including storage, dining, and outdoor eating) \_\_\_\_\_
9. Establishment Seating Capacity (including bar & outdoor eating) \_\_\_\_\_
10. Name & Phone # of Waste Disposal Service \_\_\_\_\_
11. Name & Address of Food, Beverage, & Shellfish Suppliers \_\_\_\_\_  
\_\_\_\_\_
12. List Types of Food & Beverages Sold or Served (attach menu) \_\_\_\_\_  
\_\_\_\_\_
13. Please provide Food Manager Certificate from an accredited food safety certification program for Risk Type 3 Establishments (N.J.A.C. 8:24-2.1)

#### 14. FEES

Please note that the fee schedule has been revised. It is imperative that you accurately fill out this application in order for the appropriate fee to be issued. Please read through this section carefully.

Fees for a retail food establishment serving only **PRE-PACKAGED**, non-potentially hazardous foods with **no food preparation on site** shall be assessed on the basis of the total square footage of the portion of the establishment dedicated to such products, including storage areas and shall be as follows:

<b>Establishment Square Feet</b>	<b>Fee</b>
0 – 2,500 square feet	\$ 150.00
Over 2,500 square feet	\$ 250.00

The fees for **all other retail food establishments** have been assessed on the basis of square footage of the establishments, including storage, preparation, and outdoor dining areas and shall be as follows:

<b>Establishment Square Feet</b>	<b>Fee</b>
0 -1,000 square feet	\$ 150.00
1,001 - 2,000 square feet	\$ 200.00
2,001 - 3,000 square feet	\$ 300.00
3,001 - 4,000 square feet	\$ 400.00
4,001 - 5,000 square feet	\$ 500.00
5,001 - 10,000 square feet	\$ 600.00
10,001 - 20,000 square feet	\$ 700.00
20,001 - 30,000 square feet	\$ 800.00
30,001 - 40,000 square feet	\$ 900.00
40,001 - 50,000 square feet	\$ 1,000.00
50,001 - 75,000 square feet	\$ 1,100.00
75,001 - 100,000 square feet	\$ 1,200.00
Above 100,000 square feet	\$ 1,500.00

#### **TYPE OF FACILITY**

In addition to the fees above, an additional fee of \$50.00 per service shall be charged when the establishment contains any of the following on site. Please circle all that apply:

- a. Bakery
- b. Meat Counter
- c. Deli Counter
- d. Salad Bar or Raw Bar (seafood/shellfish)
- e. Sushi Bar
- f. Catering amounting to 25 % or more of the business

#### **FEE TOTALS:**

**TOTAL SQUARE FOOTAGE:** \_\_\_\_\_ \$ \_\_\_\_\_

**NUMBER OF TYPE(S) OF FACILITY:** \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL AMOUNT DUE:** \$ \_\_\_\_\_

**15. SUBMISSION OF PLANS / PRE-OPERATIONAL INSPECTION:**

Whenever a retail food establishment is constructed or extensively remodeled and whenever a structure is converted for use as a retail food establishment, three sets of plans and specifications pertaining to the health and sanitary aspects of the operation (including equipment layout and design, construction material of all surfaces, overview of operation, etc.) shall be submitted directly to the Health Department for review and approval **before** construction or remodeling can begin. A pre-operational inspection by the Health Department is required to the operation of any new or remodeled establishment.

**16. EXPIRATION / RENEWAL OF LICENSE:**

The license period runs from July 1<sup>st</sup> to June 30<sup>th</sup>. Applications for renewal shall be submitted with the required fee at least ten (10) days prior to June 30<sup>th</sup> of each year. **A \$100.00 LATE FEE WILL BE CHARGED TO ALL APPLICATIONS RECEIVED AFTER JUNE 30<sup>TH</sup>.**

**17. CHANGE OF OWNERSHIP INSPECTION:**

Retail Food Establishment Licenses are **NOT TRANSFERABLE**. All retail food establishments which change ownership, including re-incorporation, are required to obtain a new license and be inspected by the Health Department **before** the new owners may begin operation.

**18.** I understand that this establishment is being licensed under the Township of Parsippany Troy-Hills Ordinance 2012:18. In consideration of such license, I hereby agree to at all times to conduct the said premises in conformance with the proposed intent and provisions of Township of Parsippany-Troy Hills Ordinance 2012:18, Chapter 24 of the New Jersey State Sanitary Code, and other Ordinances, the amendments and supplements thereto and other Ordinances of the municipality and statutory laws if the State of New Jersey relating to the conduct of such business.

I have read and understand all the above requirements and agree to abide by them as conditions of this license.

Applicant's Name (please print) \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Applicant: \_\_\_\_\_