

Parsippany - Troy Hills



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Parsippany, New Jersey 07054
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HEALTH DEPARTMENT
Carlo DiLizia
Health Officer

No. _____

APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE

I hereby apply for a license to conduct a Food Service Establishment in the Township of Parsippany-Troy Hills, and submit the following information for your consideration:

PLEASE PRINT Fax Number _____ Emergency Phone _____

Name of Applicant _____ Applicant Phone _____

Address _____ Check if unlisted number

Name of Establishment _____ Type of Establishment _____

Business Address _____ Business Phone _____

Exact Name of Owner/Corp. _____ Owner/Corp. Phone _____

Address _____

Total floor area of establishment (square feet) _____ E-mail address _____

The information contained in this application is accurate to the best of my knowledge. I agree in the event this license is granted, to abide and comply with the applicable law, ordinances, codes and regulations of the State of New Jersey, and the Division of Health in the Township of Parsippany -Troy Hills, with full knowledge that failure to comply may result in the revocation of this license, or the imposition of such other penalties provided by law.

LICENSE FEES:

- \$125.00 Floor area less than 2,000 square feet
- \$250.00 Floor area 2,000 square feet or more
- \$200.00 Mobile Food Units
- \$50.00 Temporary License (14 Days)
- \$100.00 Vending License (includes 1 machine)
- \$20.00 each additional machine

Complete Section Below:

Name _____

Title or Position _____ Date _____

Signature _____

VENDING COMPANY ONLY: Trade Name of Establishment _____
Please list location of each machine and type of machine

TEMPORARY EVENT ONLY:

List food being served and the source of the food

For Office use only: Fee Paid	License #
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