



FOOD & DRINK AND/OR MILK LICENSE APPLICATION

PLEASE COMPLETE ALL SECTIONS BELOW –WRITE N/A IF SECTION DOES NOT APPLY:

**The undersigned do hereby apply for a license for the period ending
December 31, _____ from the premises operating as:**

Business Name: _____

Business Address: _____

Business Email Address: _____

Business Phone: _____ **Other:** _____

OWNERSHIP: (check one) Individual ___ Partnership ___ Corporation ___ Municipal ___

Name: _____

Phone # _____

Home Address: _____ Town/State/Zip _____

NAME OF MANAGER:

Phone #: _____

Email: _____

REGULAR BUSINESS DAYS & HOURS:

Monday: _____ Tuesday: _____

Wednesday: _____ Thursday: _____

Friday: _____ Saturday: _____

Sunday: _____

GARBAGE DISPOSAL METHOD: (check one) Town ___ Private ___ Dumpster ___

If private hauler, Name: _____ Collection Days: _____

Address: _____ Phone: _____

RECYCLING METHOD: (check one) Town ___ Private ___

If private hauler, Name: _____ Address: _____

EXTERMINATOR: Name: _____ Address: _____
Phone #: _____ Frequency: _____
Services Performed: _____

UTILITIES: Municipal Water ___ Well Water ___ Septic System ___ or Municipal Sewer: ___

SHELL FISH SUPPLIER: Name: _____ Address: _____
Phone #: _____ Products Received: _____

MILK SUPPLIER: Name: _____ Address: _____
Phone #: _____ Products Received: _____

FOOD PREPARATION: Which foods are prepared in advance? (12 or more hours in advance of service) _____

Do you use fresh eggs, pasteurized eggs or both in food preparation? Yes ___ No ___

SALADS: Made on premises (please list):

SALADS: Products Purchased (please list):

I, the undersigned, hereby agree to operate the aforementioned retail food establishment in accordance with the provisions of Rockaway Borough's "Retail Food Establishments" ordinance as well as those set out in N.J.S.A. 8:24-1 et seq. I understand that no license will be granted unless the establishment meets all requirements of the fire, building, sanitary, electrical and plumbing codes of Rockaway Borough and that no license will be issued until a satisfactory inspection has been completed by the Rockaway Borough Health Department. I further understand that said establishment will be subject to routine inspections throughout the year by the Rockaway Borough Health Department.

FEE SCHEDULE

Food & Drink: Square Footage of Food Area: (Check One)

0001-1000 _____ **\$55.00**
1001-3000 _____ **\$65.00**
3001-6000 _____ **\$90.00**
6001-9000 _____ **\$115.00**
Over 9000 _____ **\$165.00**

Milk (or any milk product ie: cheese, cream, ice cream) _____ **\$5.00**

Milk Total: _____

Food and Drink Total: _____

Grand Total: _____

Signature of Owner/Operator: _____

Title: _____

Please make check or money order payable to ROCKAWAY BOROUGH and mail to:

**ROCKAWAY BOROUGH
1 EAST MAIN STREET
ROCKAWAY, NJ 07866**

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FOR AGENCY USE ONLY

Amount Received: _____ Check# _____ Cash _____

Date: _____ License Number: _____