



**BOROUGH OF RUTHERFORD**  
**DEPARTMENT OF HEALTH**  
 184 Park Ave. Rutherford, NJ 07070  
*Jennifer Galarza, Health Official*

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## RETAIL FOOD ESTABLISHMENT LICENSE APPLICATION

*LICENSE FEES ARE NON-REFUNDABLE*  
 Valid for January 1 thru December 31

**Class Type** \_\_\_\_\_ **Fee \$** \_\_\_\_\_

**Business/Establishment Name** \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Corporation**     **Partnership**     **Private Owner**

**Owner Information (Required)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

**Corporation**

Corporate Name \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Partnership:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Certified Food Manager**

Name \_\_\_\_\_ Date Certified \_\_\_\_\_

Name \_\_\_\_\_ Date Certified \_\_\_\_\_

Name \_\_\_\_\_ Date Certified \_\_\_\_\_

IN CONSIDERATION OF THE ISSUANCE OF THIS LICENSE, THE APPLICANT HEREBY CERTIFIES THAT THE ABOVE ANSWERS ARE TRUE AND AGREES TO COMPLY AT ALL TIMES WITH THE CH 24 STATE SANITARY CODE, BOARD OF HEALTH CODE AND/OR AMENDMENTS THERETO AND ANY OR ALL OTHER CODES PROMULGATED. THE RUTHERFORD HEALTH DEPARTMENT MUST BE NOTIFIED OF ANY CHANGES IN OWNERSHIP.

**Print Name** \_\_\_\_\_ **Legal Signature** \_\_\_\_\_

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

**Application Date** \_\_\_\_\_ **Fee Paid** \_\_\_\_\_ **Lic #** \_\_\_\_\_

# RETAIL FOOD LICENSE FEE SCHEDULE GUIDELINE

LICENSE FEES ARE NON-REFUNDABLE  
Valid for January 1 thru December 31

Please check one.

Class Type	FEE
<input type="checkbox"/> <b>A</b> Agricultural Market	\$166.00
<input type="checkbox"/> <b>B</b> Food Processing	\$323.00
<input type="checkbox"/> <b>C</b> Mobile	\$579.00
<b>D Retail Food (on-premise Consumption)</b>	
<input type="checkbox"/> <b>D-1</b> 0-25 Seats	\$284.00
<input type="checkbox"/> <b>D-2</b> 26-50 Seats	\$350.00
<input type="checkbox"/> <b>D-3</b> 51-100 Seats	\$486.00
<input type="checkbox"/> <b>D-4</b> 101-175 Seats	\$524.00
<input type="checkbox"/> <b>D-5</b> Over 175 Seats	\$732.00
<input type="checkbox"/> <b>D-6</b> Not for Profit Organization (schools, house of worship)	No Fee
<input type="checkbox"/> <b>D-7</b> Fraternal Organization	\$106.00
<b>E Retail Food Establishments (off-premises Consumption)</b>	
<input type="checkbox"/> <b>E-1</b> Pre-packaged only	\$113.00
<input type="checkbox"/> <b>E-2</b> Other, up to 5,000 sq./ft of retail space	\$284.00
<input type="checkbox"/> <b>E-3</b> Other, over 5,000 sq./ft of retail space	\$732.00

**NOTE:** New applicants or those making improvements must submit plans for review by the Health Department. Review and approval can take up to 30 days.