

**RINGWOOD HEALTH DEPARTMENT**  
**60 MARGARET KING AVENUE**  
**RINGWOOD NJ 07456**  
**TEL: (973) 962-7079**  
**FAX: (973) 962-7823**

**Application for License to Conduct a Retail Food Establishment**

(Name of Establishment)	(Business Phone)
(Address of Establishment)	
(Name of Owner)	(Home Phone)
(Home Address of Owner)	
(Emergency Contact Person)	(Phone)

Yearly License \_\_\_\_\_ Temporary License \_\_\_\_\_

Type of Establishment \_\_\_\_\_

**FEE SCHEDULE:**

A.	Restaurants -	
	1-50 Seating Capacity	\$50. _____
	50 or more Capacity	\$100. _____
B.	Other than Restaurants -	
	Less than 5,000 sq. ft.	\$50. _____
	Between 5,000 to 10,000 sq. ft.	\$100. _____
	More than 10,000 sq. ft.	\$250. _____
C.	Mobile Trucks	\$50. _____
D.	Temporary Retail Food Establishment	\$25. _____
E.	Non-profit Organization (fee waived)	\$0. _____
F.	Other (Child Care)	\$0. _____

Type of Garbage Facility: \_\_\_\_\_ Number of Pick-ups per week: \_\_\_\_\_

**I AGREE TO COMPLY WITH THE RETAIL FOOD ESTABLISHMENT CODE OF  
NEW JERSEY & ALL APPROPRIATE RINGWOOD HEALTH DEPT. ORDINANCES.**

\_\_\_\_\_  
(Signature of Applicant) (Date)

**(FOR HEALTH DEPARTMENT USE ONLY)**

**Amount Received:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **License #: 19-** \_\_\_\_\_

\_\_\_\_\_  
(Signature of Health Department Official) (Name and Title) (Date)